

Perceptions of adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the underlying factors that have an impact on their right to adequate food

by:

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DECLARATION

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ABSTRACT

Perceptions of adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the underlying factors that have an impact on their right to adequate food

Introduction

The government has an obligation to respect, protect and promote the right to food (RtF) as a social, economic and cultural human right. Failing to achieve these obligations could result in the violation of adolescents' human right to food, to the detriment of their development and well-being.

Objectives

This study aimed to gain insight into the perceptions and experiences of adolescents in the Sterkspruit area (Eastern Cape Province) regarding the underlying factors that have an impact on their Right to food. It endeavoured to determine preventative and promoting factors, investigated adolescents' perceptions regarding the fulfilment of their RtF and explored whether female adolescents were more at risk for their RtF to be violated.

Methodology

A cross-sectional descriptive study using a mixed method approach was done in the Sterkspruit area of the Senqu sub-district in the Eastern Cape province. In-depth interviews were conducted with key informants (KI) while adolescents completed a self-administered questionnaire and participated in focus group discussions (FGD), which were gender and age based. Through content analysis of qualitative data, data was coded and grouped according to emerging themes using the ATLAS.ti 7 text analysis programme. Findings from the quantitative data were regarded as significant with a p-value of <0.05.

Results

Eight KIs were interviewed and six FGD were conducted in isiXhosa with 50 adolescents (32 female and 18 male) aged 10 to 19 years. Preventative and promoting factors for the realisation of the RtF were identified. Preventative factors included the inappropriate utilisation of the child support grant (CSG), the high unemployment rate, implementation of punishment, and adolescents' involvement in risky behaviour such as criminal activities and female sex trading.

Adolescents' RtF was also affected by the adequacy and variety of the diet consumed. A statistical significant difference ($p=0.035$) proved that females enjoyed a wider variety of food items. Hunger due to household poverty, limited variety of food and child-headed households prevented adolescents' RtF being realised. The National School Nutrition Programme and agricultural activities were regarded as factors contributing to food security. KIs regarded adolescents' lack of involvement in agricultural activities as a barrier to addressing food security. Urban adolescents were more likely to have access to agrarian resources than adolescents residing in rural villages. Females were not identified as being more vulnerable for their RtF being violated. The government was identified as the main duty bearer responsible for the realisation of the RtF, but few participants identified adolescents' responsibility as right-holders. An increased CSG, improved employment possibilities, improved provision of resources for agricultural activities, and education were seen as possible solutions to secure the adolescents' RtF.

Conclusion

While food insecurity and poverty persist, drastic measures are needed to achieve the progressive realisation of the RtF. The government is not efficient yet in taking sustainable measures in providing food security and work opportunities. The implementation of a rights-based approach is needed for the duty-bearers and right-holders to facilitate the progressive realisation of the RtF of adolescents in the Sterkspruit area.

OPSOMMING

Persepsies van adolessente uit die Sterkspruit area (Oos-Kaap) aangaande die onderliggende faktore wat 'n impak het op hul reg tot voldoende voedsel

Inleiding

Die regering moet toesien dat die reg tot voedsel (RtV) gerespekteer, beskerm en bevorder word as 'n maatskaplike, ekonomiese en kulturele mensereg. Indien die regering versuim om hierdie verpligting na te kom, kan dit lei tot skending van adolessente se mensereg tot voedsel, tot nadeel van hul ontwikkeling en welstand.

Doelwit

Hierdie studie poog om insig te kry oor die persepsies en ervarings van adolessente van die Sterkspruit omgewing (Oos-Kaap) aangaande onderliggende faktore wat hulle RtV beïnvloed. Dit word gedoen deur moontlike voorkomende of bevorderende faktore te identifiseer, adolessente se persepsies aangaande die vervulling van hul RtV te ondersoek, asook of vroulike adolessente meer blootgestel word aan die skending van hulle RtV.

Metode

'n Deursnee, beskrywende studie met 'n gemengde metode benadering is uitgevoer in die Sterkspruit area van die Senqu sub-distrik (Oos-Kaap). In-diepte onderhoude is gevoer met sleutel-informante (SI), terwyl adolessente deelgeneem het aan fokusgroepbesprekings (FGB) wat geslag- en ouderdom-spesifiek was, nadat hulle 'n self-gedadministreerde vraelys voltooi het. Die inhoud van die kwalitatiewe data is geanaliseer en gekodeer. Kodes is saamgegroepeer volgens temas wat ontwikkel het. Die ATLAS.ti 7 teksanalise program is gebruik vir hierdie doel. Bevindinge van die kwantitatiewe data is beskou as beduidend volgens 'n p-waarde van <0.05 .

Resultate

Agt indiepte onderhoude is gevoer met SI en ses FGB is gevoer in isiXhosa met 50 adolessente (32 vroulik en 18 manlik), 10–19 jaar oud. Faktore wat die verwesenliking van adolessente se RtV voorkom of bevorder, is geïdentifiseer, naamlik ontoepaslike benutting van kindersorgtoelae, hoë werkloosheidsyfers, strafmaatreëls en adolessente se riskante gedrag, insluitend kriminele gedrag en transaksionele seks deur die vroulike adolessente. Die dieet se toereikendheid en verskeidenheid affekteer ook adolessente se RtV. 'n Statistiese beduidende

verskil ($p = 0.035$) het bevind dat vroulike adolessente 'n groter verskeidenheid voedsel inneem. Honger, as gevolg van voedseltekorte in arm huishoudings, beperkte voedselverskeidenheid, huishoudings met kinders aan die hoof, voorkom die verwesenliking van adolessente se RtV. Die Nasionale Skole Voedingskema en landbou aktiwiteite is beskou as faktore wat voedselsekureit bevorder. Sls het gebrekkige betrokkenheid van adolessente in landbouaktiwitiete beskou as hindernisse om voedselsekureit aan te spreek. Stedelike adolessente was meer geneig om toegang tot landbou hulpbronne te hê as adolessente woonagtig in landelike dorpie. Vroue is nie geïdentifiseer as meer kwesbaar vir die skending van hul RtV nie. Die regering is geïdentifiseer as die hoof pligtedraer wat verantwoordelik is vir die progressiewe verwesenliking van adolessente se RtV. Die verhoging van kindersorgtoelae, meer werksgeleenthede, beter voorsiening van hulpbronne vir landbou aktiwiteite en onderrig was beskou as moontlike oplossings vir die verwesenliking van adolessente se RtV.

Gevolgtrekking

Terwyl voedselonsekerheid en armoede voortduur, word drastiese stappe benodig vir die progressiewe verwesenliking van die reg op voldoende voedsel. Die regering het nog nie daarin geslaag om volhoubare maatreëls in te stel om voedselsekerheid en werksgeleenthede te verseker in hierdie studiepopulasie nie. Die implementering van die regsgebaseerde benadering deur die pligtedraers en regtehouers is nodig om die progressiewe verwesenliking van die RtV van adolessente in die Sterkspruit area te fasiliteer.

CONTRIBUTIONS BY MEMBERS OF THE RESEARCH TEAM

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DEFINITIONS

Accessibility of food	Food must be economically as well as physically accessible. Individuals should be able to afford food for an adequate diet without compromising on any other basic needs, such as school fees, medicines or rent. Physical accessibility means that food should be accessible to all, including to the physically vulnerable, such as children, the sick, persons with disabilities or the elderly. Access to food must also be guaranteed to people in remote areas and to victims of armed conflicts or natural disasters, as well as to prisoners. ¹
Adequacy of food	Food must satisfy dietary needs, taking into account the individual's age, living conditions, health, occupation, sex, etc. Food should be safe for human consumption and free from adverse substances. Adequate food should also be culturally acceptable. ¹
Adolescent	An adolescent is an individual in his/her adolescence years. Adolescence is classified by the World Health Organization (WHO) as the age when a child is between 10 and 19 years of age, when puberty is reached. ²
Agriculture	The knowledge and skill implemented to farm, including cultivation of soil for the purpose of growing crops and rearing of animals for the provision of food and wool as well as other products. ³
Availability of food	Food should be available from natural resources either through the production of food, by cultivating land or animal husbandry, or through other ways of obtaining food, such as fishing, hunting or gathering. On the other hand, it means that food should be available for sale in markets and shops. ¹
Bill of Rights	The Bill of Rights is a human rights charter of the South African Constitution applying to all law and common law. It protects the civil, political and socio-economic rights of all people living in South Africa. ⁴
Constitution	The constitution is the supreme law of the land. No other law or government action can supersede the provisions of the Constitution. ⁴
Child-headed household	Households where all members are under 18 years of age. ⁵
Duty bearers	States have the obligation to ensure the protection and implementation of the rights holders' human rights. ⁶

Fee-free school	Schools receiving larger state allocations per learner than other schools, as well as a higher allocation for non-personnel and non-capital expenditure, exempting learners from paying school fees. ⁷
Food insecurity	Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. ⁸
General comment	Providing a comprehensive explanation for the right to life, the right to adequate food, providing general guidance on the information that should be submitted in State reports relating to specific articles of the treaties. ⁹
Household food security	Household food security exists when a household has “access to the food needed for a healthy life for all its members (adequate in terms of quality, quantity, safety and culturally acceptable)” without running a risk of losing sustainable access. ¹⁰
Human rights	Human rights are rights inherent to all human beings, whatever nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. ¹¹
Human rights-based approach	A conceptual framework used for human development, based on international human rights standards. It is directed at promoting and protecting human rights. It pursues to analyse disparities responsible for development problems and redress discriminatory practises and unfair distribution of power that hinder development growth. ¹²
Hunger	The uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food. is a potential, although not necessary, consequence of food insecurity. ⁸
Household poverty	Households falling below a specific income treshold. ¹³
Indivisible	The right to food is indivisbly linked to the inherent dignity of the human person. ¹⁴
Inseparability	The right to food is ‘inseparable from social justice, requiring the adoption of appropriate economic, environmental and social policies, at both the national and international levels, oriented to the eradication of poverty and the fulfilment of all human rights for all. ¹⁴
Interrelated	‘The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.’ ¹¹

Interdependent	'The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.' ¹¹
Progressive realisation of the right to adequate food	"The progressive realisation of the right to adequate food requires states to fulfil their relevant human rights obligations under international law." ⁶
Rights holder	All human beings are rights holders, entitled to demand from government to perform duties to ensure their human rights are being protected and promoted. ¹⁵
Right to adequate food	Every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement. ⁶
School food garden	Cultivated areas around or near schools, tended at least partly by learners. They mainly produce vegetables and fruits. Activities may include small-scale animal husbandry and fishery, bee-keeping, ornamental plants and shading, and small-scale staple food production. ¹⁶
Sustainability	Sustainability is 'linked to the notion of adequate food or food security, implying food being accessible for both present and future generations.' ¹⁴
Universality	This principle of human rights 'is the cornerstone of international human rights laws.' ¹¹

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ASRH&R	Adolescent Sexual and Reproductive Health and Rights
CEDAW	Convention on the Elimination of Discrimination Against Women
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CRC	Convention on the Rights of the Child
CSG	Child Support Grant
EPWP	Expanded Public Works Programme
FAO	Food and Agricultural Organisation
FGD	Focus group discussion
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
FNSP	Food and Nutrition Security Policy
GEAR	Growth, Employment and Redistribution
GC	General comment
GDP	Gross domestic product
GHS	General Household Survey
HIV	Human Immunodeficiency Virus
HRBA	Human rights-based approach
HSRC	Human Science Research Council
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDI	In-depth interviews
IDP	Integrated development plan
IFSS	Integrated food security strategy
INP	Integrated nutrition programme
KI	Key informant
MDG	Millennium Development Goal

NCD	Non-communicable disease
NDP	National Development Plan
NFCS	National Food Consumption Survey
NHIS	National Health Information System
NSNP	National Schools Nutrition Programme
SADHS	South Africa Demographic and Health Survey
SANHANES	South African National Health and Nutrition Examination Survey
SANYRB	South African National Youth Risk Behaviour
SDG	Sustainable Development Goals
TB	Tuberculosis
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organisation

CHAPTER 1: LITERATURE REVIEW AND MOTIVATION FOR THE STUDY

Perceptions of adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the underlying factors that have an impact on their right to adequate food

1.1 BACKGROUND TO THE RESEARCH STUDY

Our world is home to 1.8 billion young people between the ages of 10 and 24, and the youth population is fastest growing in the poorest nations.¹⁷ The United Nations Population Fund (UNFPA) stated in the State of The World Population 2014, that “Never before have there been so many young people. Never again is there likely to be such potential for economic and social progress. How we meet the needs and aspirations of young people will define our common future.” The youth population in South Africa for ages 10–19 years of age is estimated to be 10,3 million, according to the mid-year population estimate of 2014.¹⁸

Very little research addressing the adolescent child and their right to food is available in South Africa. A few studies addressed the adolescent child’s right to education, especially when discussing education and reproductive health. These studies acknowledged that there is a serious need to invest in adolescent welfare.^{17,19} Based on the human rights principles, the right to food of the adolescents cannot be separated or interpreted alone. This means that when discussing the adolescent’s welfare, especially that of poverty and their nutritional status, the right to food as well as the right to health should be considered.

In this chapter, a brief discussion on human rights is provided, focusing more specifically on the right to adequate food, to contextualise the literature review and motivation for the study. The discussion aims to highlight the protection of adolescents’ human rights according to international and national instruments.

1.2 BACKGROUND ON HUMAN RIGHTS

Human rights are ethical and moral values with a lawful basis. Despite everyone’s national or cultural origin, colour, gender, language, religion and their political opinion, they all have the same human rights, including the enjoyment of the right to adequate housing, food, healthcare, education, social security and water.^{5,20}

The United Nations (UN) adopted the Universal Declaration of Human Rights (UDHR) during the United Nations General Assembly on 10 December 1948, making human rights universal. This was a result of needing to recognise human rights and fundamental freedoms after the gross violations of the Second World War. The human rights principles formulated recurred in various international human rights conventions such as the International Covenant on Economic, Social and Cultural Rights (ICESCR),²¹ the Convention on the Rights of the Child (CRC),²² as well as the Convention on the Elimination of All Forms of Racial Discrimination (CERD), to only name a few.²³

The universality of human rights serves as the cornerstone of international human rights law. The human rights principles encompasses all rights to be interrelated, interdependent, inseparable and indivisible. Please note, in order to avoid unnecessary repetition, the researcher will refer to the human rights principles when referring to these four characteristics. International human rights are expressed by law in the forms of treaties, accustomed international law, common principles and other sources of international laws. International human rights law lays down obligations of governments to act in certain ways or to refrain from certain acts in order to promote and protect human rights and fundamental freedoms of individuals or groups.²⁰

1.2.1 Duty bearers

Governments at national and provincial level are seen as the primary duty bearers with different executive, legislative and judicial branches, ensuring the human rights are recognised through appropriate legislation and policy implementation.²⁴ The duty bearers at planning and decision-making level have the responsibility to evaluate the adequacy of policies and need to provide for shifts and changes in policy planning and implementation.²⁴ The duty bearers at implementation level have the responsibility to undertake all possible efforts to meet their obligation in identifying possible capacity gaps and then formulate recommendations to overcome these gaps.

1.2.2 Rights holders

All human beings are rights holders of their human rights.¹¹ Rights holders should be empowered to claim their rights and have the responsibility to hold duty bearers accountable for the progressive realisation of their human rights.¹²

1.2.3 The human right to adequate food

The right to adequate food is specified and discussed in-depth in different international documentation. The 1948 UDHR identified the right to adequate food as part of the right to an adequate standard of living. Furthermore, the right to adequate food is protected by

regional treaties and national constitutions and has been recognised in several international conventions.²⁵

The most important international document (treaty) addressing the right to food is the International Convention on Economic, Social and Cultural Rights (ICESCR). Article 11 of the ICESCR places a duty on governments to recognise the right of everyone to adequate food. It requires governments to prevent people from going hungry. The right to food is interpreted in General Comment (GC) No. 12 (1999) of the ICESCR. GC 12 provides significant information about protecting the right to food, including the minimum duties needed to safeguard the realisation of the right to adequate food. GC12 further lists possible violations of the right to food as well as strategies for implementing the right to food.²⁸ The GC12 defines the right to adequate food to be achieved when “every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.”¹⁴ The availability, accessibility, adequacy and sustainability of food define the most important key elements for the realisation of the right to adequate food.^{25,20}

Availability requires that individuals and groups should have sufficient food sources available at markets and shops. It also includes the availability of food from natural resources through any means, whether individuals and/or communities are responsible for production of food by means of planting and harvesting or through other resources of obtaining food, such as fishing and/or hunting.²⁵

Accessibility requires available food markets and shops offering affordable products in order for individuals and groups to be able to buy it. The accessibility of food provides that individuals should have enough money to afford the food necessary to maintain an adequate diet without compromising on any other basic needs such as school fees, medicine or rent. This could also be interpreted that individuals and households should have access to sufficient land or other resources to grow their own food, to contribute to food security and ensuring their human right to adequate food.²⁵

Adequacy implies that the food must meet individuals' dietary needs, given that the individual's age, health, occupation, gender and living conditions be taken into account. Food that is energy-dense and with a low-nutrient content, which can contribute to malnutrition as well as the development of non-communicable diseases (NCD), is regarded as food that is not adequate. Adequate food also means that food consumed by individuals should be safe and free from harmful substances and be culturally acceptable.²⁵

Sustainability of food means that any form of resource, whether it is agrarian resources for subsistence food production or money necessary to obtain food, should not only be enough for the present, but also ensure to provide for future generations, thus addressing sustainable food production activities.¹⁴

1.3 INTRODUCTION

It was estimated that in in 2011–2013, one in every eight people around the world were expected to suffer from chronic hunger, resulting in 842 million people commonly not getting sufficient food to live an active life.²⁷ According to Statistics South Africa (STATS-SA) and the 2011 General Household Survey (GHS), South Africa had almost fourteen million individuals who experienced inadequate access to food.²⁸

Fighting hunger and malnutrition is more than a moral duty or a policy choice; in many countries it is a legally binding human rights obligation.²⁵ Due to the universality of human rights and the interdependence of different human rights, making it impossible to separate them from each other, the violation of the right to food may impair the enjoyment of other human rights such as the right to health, education or life, and vice versa.²⁵ These implied human rights weren't part of the focus of this study but brought into consideration when affecting the adolescents' right to food as relevant.

The problems experienced by vulnerable women and children have immediate, underlying and structural causes. The violation of civil and political rights as such, might in some cases be the primary cause of preventable death and illness. It is the number of primary causes, including the mother's lack of access to education, health care and employment, participation in public life and, ultimately, power over food and other resources, that often results in death or ill health of deprived children and adolescents. This, therefore, serves as the primary causes of preventable death. It serves as an example of rights that are indivisible and therefore, need to be realised and addressed accordingly.^{19,23}

Food security and the right to food is not the same in the sense that food security is not a legal binding concept by itself and it does not impose obligations on duty bearers; however, food security is a prerequisite for the full realisation of the right to food.²⁵ Food security is defined as having “access to sufficient, safe and nutritious food that meets dietary needs and food preferences for an active and healthy life”.^{25,29}

Food security at the household level and community level can only be achieved if dietary adequacy of food is obtained from sustainably available sources, either having money available (especially in the urban environment) or access to necessary resources used for

producing food, facilitating the realisation of the right to food.²⁰ Inadequate dietary intake is often a problem experienced by people living in poverty-stricken areas, since available and affordable food is mostly energy dense, lacking in nutrients.³⁰

When people lack access to adequate food or an individual is unable to feed him- or herself, their chances of morbidity and mortality is increased due to starvation or malnutrition. This violates the basic right to food as well as the right to life and health since nutrients are necessary to maintain life and food is a basic need for human life.³¹

The rate of overweight and obese individuals is increasing among black women in South Africa because of nutrition transition. In addition to these increasing levels of obesity and being overweight among certain groups, being underweight and stunting among children (thus adolescents too) demonstrate the double burden of disease in South Africa. This double burden of disease exists in in both rural and urban households. The situation is further complicated since these conditions often co-exist in in the same household, amongst different age, gender and ethnic groups.^{19,32} The South African National Health and Examination Survey (SANHANES-1) reported on the anthropometric nutritional status of South African children and adolescents providing a recent and strong indication of the double burden of malnutrition in adolescents at national level.^{33,34} Adolescence is classified by the World Health Organization (WHO) as the age when a young child reaches puberty, i.e. between 10 and 19 years of age.¹⁹ The Constitution of South Africa refers to a child as a person under the age of 18 years.⁴

Adolescents made up 18% of the world's population in 2012, with 1.2 billion adolescents aged 10–19 years.³⁵ More than 40% of South Africa's population is under 20 years of age. Even though adolescents form a large part of the population, there is a paucity of data about adolescent nutrition since large nutritional surveys in SA have focused on infants and young children.¹⁹ The national studies that have focused on adolescent nutrition and the nutritional status of adolescents are the South African Demographic and Health Survey,³⁶ the South African National Youth Risk Behaviour Survey (2002),³⁷ the Birth to Twenty Study (2006)³⁸ as well as the South African National Health and Nutrition Examination Survey (2012).³⁶ The above-mentioned studies and their relevance to the right to adequate food is summarised in Table 1.2 below. The National Food Consumption Survey (Department of Health 1999)³⁹ and the National Food Consumption Survey Fortification Baseline (NFCS-FB-1) SA (2005) both focussed only on children 1–9 years of age and will thus not be included since adolescents were excluded.⁴⁰

Table 1.1: Summary of research involving adolescents and the relevance to the right to food

Research Study	Background	Relevance to the RtAF
The South African Demographic and Health Survey (SADHS, 1998)	<p>The aim was to collect data as part of the National Health Information System of South Africa (NHIS/SA). The results of this survey were intended for the use by policymakers and programme managers when evaluating and designing programmes and interventions for improving health services in the country.³⁶</p> <p>The importance of measuring the health and risk-taking behaviours of adolescents are stated in the SADHS, including the extent of problems such as unprotected sex, teenage pregnancy and substance abuse.</p> <p>Adolescents aged between 15 and 19 years were included and included the 2,373 young women interviewed with the women questionnaire and the 1,058 men and 1,069 women interviewed with the adult questionnaire.</p> <p>Questions included areas of reproductive health, knowledge of HIV/AIDS, intentional and unintentional injuries, smoking and alcohol use.</p>	<p>Adolescence is seen as a time when adolescents develop life-long habits affecting their health. The SADHS recognises the need for research of this population, since they are important as it is one of the largest 5-year age cohorts as a result of the demographic transition and the decline in fertility.⁵⁰</p>
The South African National Youth Risk Behaviour Survey (SANYRB, 2002)	<p>A need for a comprehensive national survey, aimed at the whole adolescent population of SA, was identified by the Department of Health.</p> <p>The Medical Research Council was commissioned by the National Department of Health of South Africa to undertake the SANYRB.</p> <p>It consisted of sampling 23 schools per province; within which 14 766 learners were sampled and 10 699 participated.</p>	<p>The risky behaviour and the consequences thereof can be serious. It includes teenage pregnancies and infectious diseases such as sexually transmitted diseases, including HIV and AIDS.</p> <p>The long-term effects of unhealthy lifestyle choices like smoking, the use of alcohol and other substances, inadequate dietary intake as well as inactive lifestyles often initiated during the youthful years, could be linked to the development of chronic diseases later in life.⁴⁰</p> <p>The SANYRB study done on 13–19-year-old adolescents found that 15.6% of males and 3.9% of females were underweight. Stunting was more prevalent in males (15.6%) than in females (8.1%), and more males than females suffered from wasting (7.6% and 1.3% respectively).⁴⁰</p>

The Birth to Twenty Study (Bt20, 1990-2010)	The largest and longest running study on child and adolescent health. Involved a cohort of more than 3 200 children and their families living in the Johannesburg–Soweto area. ³⁸	Adolescents in SA did not have an adequate diet to maintain health and normal development. Macro- and micronutrient deficiencies existed. The main nutrition-related concerns identified were infectious disease such as HIV/AIDS and issues such as alcohol consumption, eating disorders, pregnancies and food-borne diseases. The above-mentioned research mostly addressed adolescents from urban areas, providing very little information about the nutritional status of adolescents living in the rural areas. ^{19,38}
The South African National Health and Nutrition Examination Survey (SANHANES 2012)	Recognised as a continual population health survey, addressing the changing health needs in South Africa, providing a broader and more comprehensive platform to study the health and nutritional status of the nation on a regular basis. ³⁴ It was identified by the SANHANES that the health and nutritional status of specifically young children, serves as vital indicators of development, social growth as well as having access to applicable resources in communities. ³⁴	The human right to adequate food and sustained access to health was highlighted in the SANHANES, acknowledging the World Health Organisation (WHO) as well as the Constitution of South Africa. The SANHANES further highlights that despite notable achievements in the South African health care system, challenges remain. These challenges include the high disease burden, largely due to HIV/AIDS and tuberculosis (TB) as well as the evolving endemic of non-communicable diseases (NCDs), the widespread consequences of trauma and violence, poverty, the existence of a two-tiered healthcare delivery system, the escalating cost of medicines and skilled human resource shortages. ³⁴

As mentioned in the beginning, few studies have focussed on the adolescent and a lack of available research regarding adolescents' human rights and nutrition has been identified by the researcher. The above mentioned studies provide further motivation that the adolescent group faces a series of health and nutritional challenges, not only affecting their growth and development, but also their livelihoods and future endeavours as highlighted in the above mentioned studies.^{34,36,40}

The nutritional status of the adolescents is a concern shown in the above mentioned studies. Malnutrition develops when nutrient intakes are insufficient and fail to meet the required recommended levels.⁴¹ Inadequate nutrient intake is often caused by household food insecurity, defined as a household's lack of access to adequate amounts of food, lacking the right quality to satisfy the dietary needs (as discussed previously) of every individual member including adolescents, in a specific household, throughout the year.⁴¹

From the above discussion it becomes clear that South Africa still needs improved interventions addressing the poor health and nutritional status of both rural and urban individuals, preventing malnutrition and other chronic nutrition-related diseases.¹⁹

The lack of well-articulated policies influencing civilisation and the economy, anticipated by duty bearers and role players when addressing human rights, remains a major obstacle to human development.⁴² More specifically, the UN General Assembly Special Session on Children of 2002 recognised the need for the development and implementation of national health policies and programmes for adolescents, including goals and indicators, to promote their physical and mental health.⁴³ Subsequently, the development of General Comment No. 4 on adolescent health and development, in the context of the Convention on the Rights of the Child, realised that there is a need to prioritise adolescents' socio-economic rights.⁴⁴ It is from the perspective of the CRC that one must address the underpinning factors influencing adolescents' rights and factors that both violate or promote the adolescent's right to food.²³

1.4 INTERNATIONAL HUMAN RIGHTS TREATIES AND SUPPORTING DOCUMENTATION ADDRESSING ADOLESCENTS' RIGHT TO FOOD

International human right treaties that support adolescents' right to food, both directly and indirectly, include the International Covenant on Economic, Social and Cultural Rights (ICESCR),²¹ the Convention on the Rights of the Child (CRC),²² the Convention on the Elimination of All Forms of Racial Discrimination (CERD),²³ the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),⁴⁵ and the African Charter on the Rights and Welfare of the Child (ACRWC).⁴⁶ These treaties are provided in Table 1.1 to summarise the entitlements of adolescents towards claiming their right to adequate food. Furthermore, Table 1.2 provides a summary of International guidelines on the realisation of the right to food.

Table 1.2: Excerpts from international human rights treaties' inclusion of the right to food

International human rights treaty	Origin	Ratification status in South Africa (SA)	Inclusion/recognition of the right to food
International Convention on Economic, Social and Cultural Rights (ICESCR)	1966	2012	Article 11(1) recognises "the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions". ²¹ Article 11(2) protects all humans to be free from experiencing hunger. ²¹
Convention on the Rights of the Child (CRC)	Adopted 20 Nov 1989, came into force	1995	Defines a 'child' as anyone who is younger than 18 years of age, and recognises a set of specific rights for

	2 Sept 1990, ²²		<p>children that addresses childhood poverty through children's right of access to food and basic nutrition. Article 10(3): "Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. Children and young persons should be protected from economic and social exploitation."²⁶</p> <p>Article 4: "Undertake all appropriate legislative, administrative and other measures of the right recognised in the present Convention, to the maximum extent of their available resources and, where needed, within the framework of international cooperation."²²</p> <p>It states that parents, caregivers including extended family or community members should respect the rights of the child, providing the necessary support and appropriate guidance.²²</p>
The African Charter on the Rights and Welfare of the Child (ACRWC)	1999, adopted by the 26 th Assembly of Heads of State of the Organisation of African Unity in 1990.	2000	<p>Article 1 states that "the rights, freedoms and duties enshrined in the treaty shall be recognised by all government members. All the required steps need to be taken to adopt legislative and/or any other measure that is necessary to give effect to the provisions of this treaty."^{46,47,48}</p> <p>Article 14: "All children shall have the right to enjoy the best attainable state of physical, mental and spiritual health. This includes the provision of nutritious food and safe drinking water, as well as adequate health care."^{46,47,48}</p>
The International Convention on the Elimination of all forms of Racial Discrimination (ICERD)	21 December 1965 with entry into force on the 4 th of January 1969	1999	<p>"All human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set out therein, without distinction of any kind, in particular as to race, colour and national origin."</p> <p>Article 5(e): "Protects all human beings' economic, social and cultural rights in particular". This clause embodies the right to food, which is particularly protected in Article 11(1).²³</p>
Convention on the Elimination of all forms of Discrimination against Women	1979	1995	<p>This convention obligates governments to ensure "the equal rights of men and women to enjoy all economic, social, cultural, civil and political rights". CEDAW promotes gender equality for all.⁴⁵</p>

Table 1.3: International guidelines on the realisation of the right to food

International Guideline	Origin	Content
International Convention on Economic, Social and Cultural Rights (CESCR) General Comment 12 (GC12): The right to adequate food	<p>Adopted at the 20th Session of the CESCR, May 12th, 1999</p> <p>GC 12's purpose is to identify key problems which the CESCR considers as vital for the progressive realisation of the right to food by governments. The development of the GC12 was due to a request by member states during the 1996 World Food Summit for a clearer and better definition of the right to adequate food as presented in Article 11 of the ICESCR.²¹</p>	<p>GC12 elaborates on the right to food as stated in Article 11 of the ICESCR, guiding governments towards the progressive realisation of the right to food.</p> <p>GC12 states the core obligation governments need to take in action to alleviate hunger.</p> <p>GC12 provides for the concept of adequacy related to the right to adequate food providing definitions for sustainability, necessary for food security as well as the availability of sufficient food and accessibility of food in sustainable ways.</p> <p>Furthermore it includes the implication of the dietary needs—foods need to be free from adverse substances and must be culturally acceptable.</p> <p>GC12 highlights the legal obligation governments have, as set out in Article 2 of the ICESCR, providing that governments have the obligation to take steps for the achievement of the progressive realisation of the right to food.</p> <p>It includes the levels of obligations imposed on governments for the realisation of the right to food. These obligations are to respect, to protect and to fulfil the right to food.</p>
Voluntary Guidelines to support the progressive realisation of the right to adequate food in the context of national food security (VG)	<p>Adopted at the 127th Session of the FAO Council, November 2004</p> <p>The VG is an effort by governments to interpret and recommend actions needed for the realisation of the right to food as an economic, social and cultural right. It supports the progressive realisation of the right to food by governments in the context of national food security.⁴⁹</p>	<p>The VG provides a practical guide to governments regarding the implementation of the progressive realisation of the right to food.</p> <p>The VG takes into account the human rights principles and following a rights based approach through the inclusion of the key elements: Participation, accountability of duty bearers, non-discrimination, transparency, equality, human dignity and the rule of law. It also allows for the key elements of human rights principles meaning all human rights are “universal, indivisible, interrelated and interdependent”.</p> <p>It is primarily the responsibility of the government to ensure the implementation of these guidelines, ensuring the right to adequate food.</p> <p>The VG should be seen as a human rights-based tool for the facilitation of the progressive realisation of the right to</p>

adequate food and is not legally binding.

Governments are encouraged to use the VG in development of legislation, policies and programmes without discriminating against any human rights.⁴⁹

1.5 POLICIES AND LEGISLATION ADDRESSING SOUTH AFRICAN ADOLESCENTS' RIGHT TO FOOD

1.5.1 The Constitution of South Africa

Before 1994, South Africa was divided into four provinces and ten independent homelands, resulting in dissimilar and unequal standards of living. Colonialism and the apartheid regime banned agrarian activities, leading to an increase in poverty and food insecurity because the indigenous black people, being subsistence farmers, no longer had the means to produce enough of their own food.²⁶

The Constitution of South Africa, 1996, Section 27(1)(b), explicitly states that “every citizen has a right to access sufficient food and water”.⁴ South Africa aims to ensure food security for all its citizens through its good legislative and policy frameworks, as well as its favourable political and constitutional environment. The Constitution is the supreme law, enjoying high regard internationally.⁴ Children’s right to basic nutrition is further protected in section 28(1)(c).⁵

The Constitution aimed to correct previous human rights violations during the apartheid regime through affirmative action, until now the changes have not come into effect. As a result, the after-effects of the apartheid regime and inadequate policy implementation are still resulting in the violation of human rights, such as the right to food.⁵⁰ These aspects of democratic values, as mentioned in the Bill of Rights section 7(1), do not necessarily translate into the reality of adequate food and nutritional well-being for all.⁵⁰ The GHS indicated that 16,6% of households in SA had inadequate access to food, with 5,9% experiencing severely inadequate access. These percentages were higher for the Eastern Cape Province (EC) province with 23,1% having inadequate access, and 6,6% having severe inadequate access to food, thus implying that food is beyond the reach of these households.^{26,50,51}

1.5.2 South African policies addressing the adolescent’s right to food

According to human rights principles it is the responsibility of government to respect, protect, promote and fulfil all human rights.^{1,25} The South African Constitution served as the basis for the development of a community based on democratic values, social justice and

fundamental human rights.⁴ The South African government has a duty to create an enabling environment to make it possible for people to gain access to their rights by eliminating the barriers that prevent individuals and communities from gaining access to the rights needed to ensure an improvement in their quality of life. The government must adopt special measures to assist vulnerable and disadvantaged groups (including adolescents) in gaining access to their rights^{19,26,46} and recognises that “a child's best interests are of paramount importance in every matter concerning the child”.⁴

1.5.3 Policies and government responses to food security in South Africa

The 1996 World Food Summit defined food security to “exist when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”. The four specific dimensions included in food security are adequate availability of food, accessibility (physical, social and economic means) of food, utilisation, quality and safety of food, and stability of food supply. When these conditions are not met, people are considered vulnerable to food insecurity.⁵² Figure 1.1 illustrates the legal framework of policies put in place by the South African government since 1994, addressing food security, facilitating the realisation of the right to food. The description of the above-mentioned policies appears in Table 1.4.

When policies and programmes are developed to address food security, the principles of human rights guide programming in all areas, thus following a human rights-based approach. This approach includes all human rights like health, education, governance, nutrition, water and sanitation, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS), employment, labour relations and social, and economic security, based on the human rights principles.^{19,53}

In an attempt to develop normal daily life and improve nutrition, the difference between a rights-based approach and one of immediate relief becomes apparent. A rights-based approach (RBA) is built on the belief that hunger and malnutrition are, largely caused by man-made injustices and inequity, excluding inevitable events such as natural disasters. The foundation of a rights-based approach to safeguarding adequate food is empowering the food insecure and people living in poverty, respecting hungry people as active and participative, worthy of respect and dignity, rather than passive recipients of hand-outs and services.¹¹ Empowerment is integral to any strategy that moves away from the benevolence model.⁵⁴

It is the obligation of governments to take necessary action towards the full realisation of economic and social rights, and includes the right to food specifically. Failing this

progressive realisation of the right to food, in seeing people face the risk of dying of starvation due to the unavailability of adequate food and not providing a solution, would be immoral. To 'progressively realise' the right to adequate food, therefore firmly establishes a legal obligation on governments to address hunger and malnutrition.⁵³

Poor living standards in developing countries, as is the case in the Eastern Cape Province, usually manifest in conjunction with low income levels, poor health, little or no education and a general sense of hopelessness.⁵⁵ Such living conditions may be indicative of the violation of fundamental human rights and need to be addressed. It is from this perspective on human rights, that the literature for this research study will be discussed.

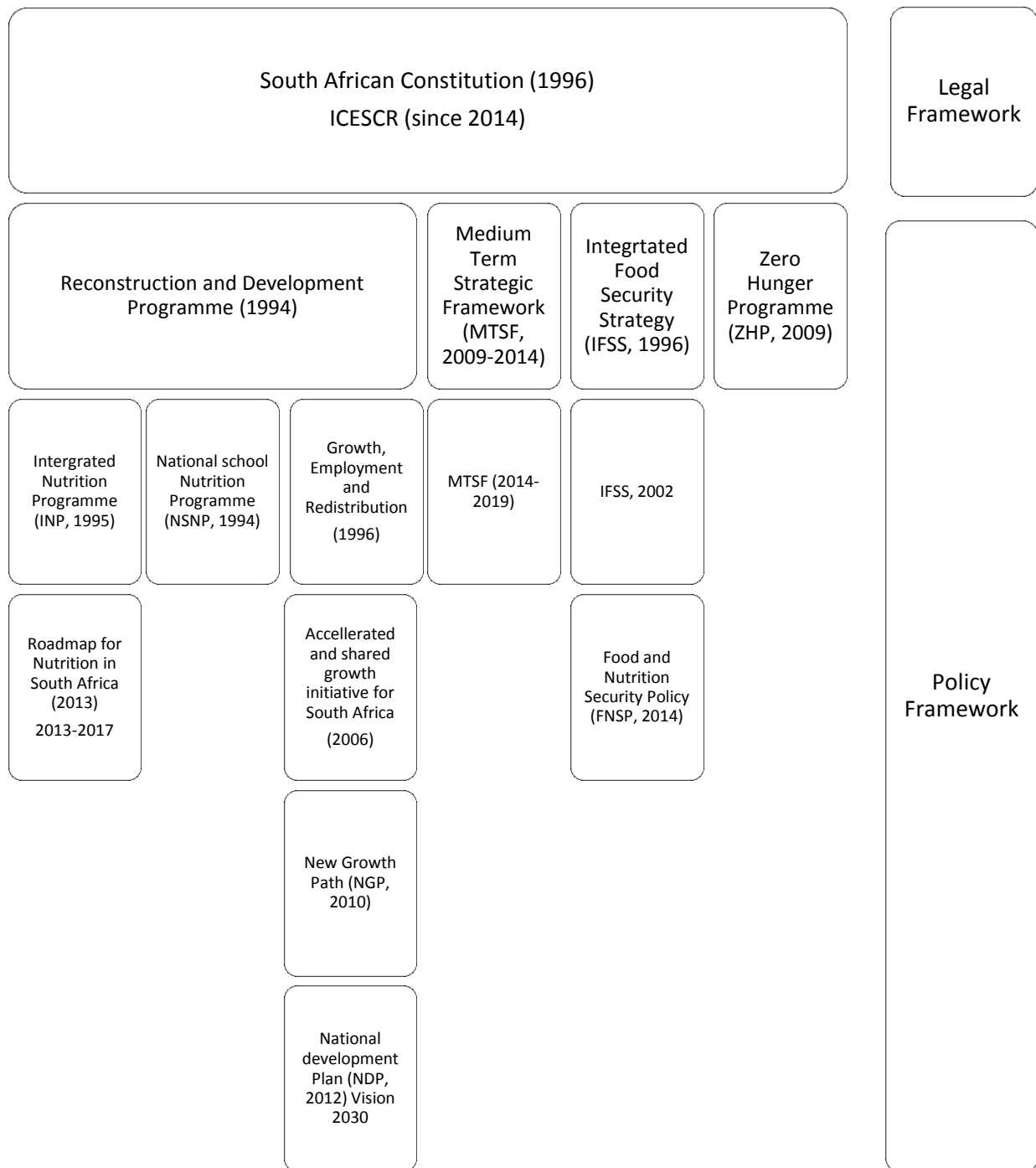


Figure 1.1: Diagram of the South African legal framework of policies put in place by the government since 1994, addressing food security, facilitating the realisation of the right to food

Table 1.4: Summary of national policies and responses addressing food security in South Africa

Government policies addressing food security in response to the realisation of the right to adequate food	
NSNP (1994)	The NSNP was presented as part of the Care and Support for Teaching and Learning Programme (CSTL). After the Government has prioritised the improvement of the quality of basic education, the NSNP as part of the CSTL addresses learning barriers in the Education sector, improving and promoting the enrolment, attendance, alertness and performance of learners. The NSNP addresses child and adolescent nutrition at school level. ⁵⁶
INP (1995)	The Integrated Nutrition Programme (INP) of the South African Department of Health includes a number of interventions to address problems of malnutrition, most of which function by improving household food security. ^{19,57} The third key performance area set out for the INP is to address youth and adolescent nutrition, denoting youths and adolescents as a vulnerable group. ⁵⁷ Adolescence is a crucial time of human growth and development, which can be affected by nutritional constraints. There is increasing recognition that ill health and malnutrition among school-aged children have a major impact on their cognitive development and educational achievement. ⁵⁷
IFSS (2002)	The Integrated Food Security Strategy goal was to eradicate hunger, malnutrition and food insecurity by 2015, in accordance with the millennium development goals. It was a strategy facilitating the progressive realisation of the right to food since the aim was to ensure “universal physical, social and economic access to sufficient, safe and nutritious food by all South Africans at all times”. The objectives addressing the achievement of food security included the “increased household food production and trading, improvement of the income generation and job creation opportunities, the improvement of nutrition and food safety, the increase of safety nets and emergency management systems as well as improved analysis and information management systems. It also included the provision for capacity building and stakeholder dialogue.” ⁵⁸
ZHP (2009)	The Zero Hunger Programme (ZHP) was part of South Africa’s processes to achieve a socially transformed and equitable agricultural sector, while at the same time increasing production and competitiveness to ensure profitability, as well as to ensure the sustainable use of natural resources through short-term responses to emergency situations with medium- and long-term responses that help create the necessary conditions for families to guarantee their own food security. The ZHP realises that needs of people living in rural and urban areas differ and offers a specific set of interventions for each case. ⁵⁹
MTSF (2009-2014) followed by the latest revised MTSF (2014-2019)	This Medium Term Strategic Framework (MTSF) is the strategic plan of the Government for the election term. It serves as a reflection on the promises made during the election manifesto of the governing party, including the obligation to implement the National Development Plan (NDP). The MTSF sets out the actions Government will take and targets to be achieved, providing a framework for the other plans of national, provincial and local government. ⁶⁰ The MTSF’s second priority includes food security, thus finding that the Government of South Africa progressively recognises the right to food since food security is seen as a prerequisite for the right to adequate food.
NDP Vision 2013 (2012) and the NGP (2010)	Both the National Development Plan (NDP) and the NGP are policies working towards eradication of poverty through the reduction of the unemployment rate. ⁶¹

Roadmap for Nutrition in SA (2013) 2013-2017	The Roadmap for Nutrition is a five-year plan, developed from the MTSF, to facilitate the achievement of the Department of Health (DOH) focus areas through direct nutrition-related activities in the DoH sector. The Roadmap's priority intervention included exclusive breastfeeding, healthy eating for optimal weight during pregnancy and breastfeeding, nutrition education, therapeutic zinc, vitamin A, iron, folate and calcium supplementation and micronutrient supplements for all undernourished people, particularly those with HIV and TB. ⁶²
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South Africa can claim sufficient national food production and imports due to some successes. The General Household Survey (GHS) 2014 has also shown improvement on the food access index with the declining of hunger incidence. However, secure access to food by all is still not guaranteed yet. The situation of globalisation, international trade regimes and climate change are threatening household food security. If South Africa fails to co-coordinate specific interventions, together with the increasing numbers of the population, it may experience inadequate access to food.

1.6 FACTORS OF THE PROGRESSIVE REALISATION OF THE RIGHT TO FOOD FOR ADOLESCENTS

All rights are universal, thus the right to food for adolescents cannot be treated separately from their right to education, health, life, social security, water and information. It is on the basis of the human rights principles and the right to adequate food for adolescents, that they will be discussed in the aforementioned sequence.

1.6.1 The link between the right to education and adolescents' right to adequate food

Hunger and malnutrition impair children's learning abilities and may force them to drop out of school and work instead. To be well nourished and free from hunger, individuals need to maintain a nutritious dietary intake and be empowered with the skills to produce or attain food as a livelihood. Education is, thus, essential for the enjoyment of the right to food. Information (taught at school in this instance) enables adolescents to have knowledge about food and nutrition, empowering them to make informed decisions. Education strengthens their involvement and resilience, protecting and promoting the enjoyment of the right to food.²² During the South African apartheid regime, the Bantu Education Act (Act No.47 Of 1953), later referred to as the Black Education Act (1953) was a South African segregation law, which legalised several aspects of the apartheid system. The Bantu Education Act (1953) stated that there was no place for the African in the European community, apart from performing certain forms of employment, thus not providing any motive for them to receive the same level of education as the European minority.⁶³ The current government is at work to restore the imbalances created in education during the apartheid era, such as fee-free

schools (discussed below in more detail). Nonetheless, disparities remain, while illiteracy rates amongst black adolescents are still high and where the greatest challenges lie in the poorer, rural provinces namely the Eastern Cape Province and KwaZulu-Natal. Only 11,2% of people aged 20 years and older in South Africa have a tertiary qualification, as opposed to 26,2% with grade 12 and 5% with some secondary education. This poses a challenge to government to increase access to tertiary education, and the ideal is to empower the majority of National Senior Certificate holders to access higher education in order to improve their employment prospects.⁶⁴

Every child in South Africa has the right to basic education, according to Section 29(1) of the Constitution.^{4,41} Basic education initially included Grades 1 to 9, however it was expanded in White Paper 6 (2010) to include Grade R. Major transformation has taken place in South African education since 1994 in order to address previous inequalities.^{41,63}

Poor standards of living in developing countries usually manifests in conjunction with low income levels, poor health conditions, little or no education, and a general sense of hopelessness.⁶⁵ To restore these imbalances the government has implemented two prominent programmes targeting the poorest of the poor. These programmes are the Fee-free Schools Programme and the National Schools Nutrition Programme (NSNP).^{66,67}

1.6.2 Fee-free schools

During the forty years of apartheid, black children received inferior education compared to the almost free superior education that white South African children received.^{66,64} The Amended National Norms and Standards for School Funding Policy (ANNSSF), established in 1998, was amended in 2007. The ANNSSF deals specifically with public funding of both public and independent (private) schools, as well as with school fee exemption policies. By 2007, 40% of schools in South Africa were declared to be fee-free schools on the basis of poverty indicators. These schools received larger state allocations per learner than other schools, as well as a higher allocation for non-personnel and non-capital expenditure.^{7,67}

Under the current policy, a fee-charging school can apply to its provincial education department to be declared a fee-free school. The three poverty indicators utilised for this purpose are income, unemployment rates and the level of education of the community, which are weighted to assign a poverty score for the community and the school. The original fee exemption policy, which applied to both richer and poorer schools, was viewed as a way of ensuring that no learner was denied access by allowing their parents to apply for full or partial exemption from fees at any school.^{7,67}

1.6.3 National Schools Nutrition Programme (NSNP)

Thousands of children arrive at school on an empty stomach and many only have their first proper meal after school. Children learn best when they are well nourished and not suffering from a nutrient-deficient diet. This is why the late president Nelson Mandela called for a primary school nutrition programme in 1994.⁶⁷ The main objectives of the NSNP was to make a contribution to enhancing learning capacity through nutritious school feeding, to strengthen nutrition education and to promote sustainable food production initiatives at schools.^{41,57,67} Other priorities of the NSNP included early childhood development, HIV/AIDS awareness programmes in schools and adult basic education and training.⁶⁶

The NSNP used to be the responsibility of the Department of Health, but since 2004 the Department of Basic Education has been responsible for implementing the programme. The programme provides nutritious meals to children in order to enhance their learning capacity. The programme not only focuses on the feeding of the children, but also promotes sustainable food production at schools, together with the promotion of a healthy lifestyle amongst learners, their families and their educators.⁶⁸

One of the significant changes in 2009 was to target not only primary schools, but to implement a school feeding programme that targets all learners. This was part of an expansion to reach all learners in needy secondary schools, an extension to the original feeding programme.⁶⁷ The objectives of the NSNP was set out to “contribute to enhanced learning capacity through school feeding programmes, to promote and support food production and improve food security in school communities and to strengthen nutrition education in schools and communities”.⁵⁶

Before 2009, the NSNP used to feed 1.6 million learners at primary schools in 13 rural and eight urban poverty nodes. It was reported in the NSNP annual report of 2009/10 that the programme had, for the first time, been extended to quintile 1 secondary schools in April 2009 and that it fed more than 7 million learners every day. The focus then was to phase in the inclusion of quintile 2 and 3 secondary schools in 2010 and 2011 respectively.^{7,66}

The latest financial report for 2013/14, estimated the NSNP to have reached an average of 8 827 419 learners in 19 877 quintile 1 to 3 primary and secondary schools, almost 1.5 million learners more than reported in the NSNP report mentioned above. The annual report, compiled by the Department of Education, mentioned that the learners reached could have been more, considering that not all provinces were consistent in submitting quarterly performance indicators throughout the year. Compared to the 2012/13 report, the number of learners has declined by 718 252 learners, reason being the non-submission of the

reports.⁵⁹ The GHS (2014) reported that there was an increase in the number of learners attending public schools who benefit from the schools nutrition programme from 79.2% in 2010 to 89.5% learners in 2014.⁶⁶

1.6.4 The right to health and adolescents' right to adequate food

Health in general is considered to be our most basic important asset, regardless of our age, gender, socio-economic or ethnic background.²⁶ Health is mentioned in the UDHR as part of the “right to an adequate standard of living” (Article 25). The right to health is recognised as a human right in the ICESCR. The right to health is inclusive, extending further, including factors that contribute to living a healthy life such as safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information as well as gender equality.⁶⁹ The right to health is protected in the Constitution in Section 12(2): “the right to bodily and psychological integrity”, section 24(a) “the right to an environment that is not harmful”, section 27(1)(a) “the right of access to healthcare services”, section 27(3) “the right to emergency medical treatment”, and section 28(1)(c) “the right to basic healthcare services”.^{26,70} The factors applicable to adolescents will be discussed in more detail in the next section. Communicable diseases (HIV/AIDS and Tuberculosis), adolescents' health status as well as risky behaviour will be explored as possible factors impacting on the adolescents' right to food.

HIV/AIDS affects the food security situation in many ways. The ability of people living with HIV/AIDS to produce food and complete household chores is often compromised, particularly when they are suffering from secondary illness or disease, resulting in other household members having to take over food procurement duties as well as household duties. These duties often have to be carried out by adolescents or older women of the household, increasing the women's workload.⁷¹ When a household with HIV-positive members, experience poverty, children may lose their parents and become orphans in need of care and financial support. This leads to the next-of-kin taking these orphans into their households, reducing the average food resources available in these households. The GHS (2014) reported that 21.8% of females between the age of 7 and 24 years dropping out of school do so due to their responsibility towards family commitments, compared to 1% of males in this age category for this particular reason. This practise contributes to education deprivation of adolescents.⁵¹

Furthermore, the morbidity and mortality rate for HIV/AIDS are increased significantly when the person has a body mass index of lower than 18, even after the introduction of treatment. Low Body Mass Index (BMI) is an independent predictor of mortality and morbidity in HIV-infected patients in developed countries, even after the introduction of combination

Antiretroviral Therapy (ART).^{72,73} The nutritional needs of the individual suffering from HIV/AIDS is increased. The recommended energy intake should be increased by 10% for individuals infected with HIV and 20–50% for those recovering from opportunistic infections.⁷⁴ In settings where food insecurity persists or the dietary quality is poor, it may not be possible for a person (or household) to achieve the required increase in energy intake without having to receive supplementation from the nutrition supplementation programme from the The Integrated Nutrition Programme (INP). Importantly, the right to life of the individual suffering from HIV could be immensely affected by an inadequate diet, when he/she is living in a food insecure household, consuming an inadequate diet. The high prevalence of HIV/AIDS and the importance of food security for individuals suffering from HIV/AIDS, therefore further sets the stage for urgency of realising of their right to food.⁷²

1.6.5 The influence of adolescents' risky behaviour on their health and subsequent nutritional well-being

Adolescents' nutritional status is not affected only by food, diet and household food security. Behaviour such as smoking, drug- and alcohol abuse and risky sexual activity affects their health, including their nutritional status indirectly.⁴³ Irresponsible sexual intercourse increases the risk of contracting HIV and often results in unplanned pregnancies among adolescents too young to take up the psychological and physical burden of parenthood.⁴³ Adolescent pregnancies hold the risk of higher maternal mortality rates, medical problems such as vaginal or rectal fistulas, and social ostracism. The social consequences of teenage pregnancy normally lead to dropping out of school or interrupted education.⁴³ During a survey done by the GHS (2014), the prevalence of pregnancy amongst female adolescents between 14 and 19 years were 5,6%. The prevalence of these adolescent pregnancies increased with age, rising from 0,8% for females aged 14 years, to 11,9% for females aged 19 years.⁵¹ Early pregnancies could have an indirect impact on the mother and the infant, putting them at risk of a variety of their human rights being violated. Research suggested that if the first pregnancy occurs before 18 years of age, these young women will be joining the millions of women worldwide who are handicapped by poor education and a lack of skills and who are overrepresented at the bottom of society's socio-economic levels.^{75,76} Besides, the pregnant and lactating women (adolescents in this instance) have increased energy requirements (1 428–1 512 kJ per day for someone with a normal BMI before conception, with an additional 1 898–1 982 kJ in the third trimester), which is even further increased when suffering from HIV/AIDS.⁷⁷ If pregnant women do not have the resources to maintain an adequate diet due to her lack of education or lack of social security, she and her unborn baby are at risk of malnutrition. This way, adolescent pregnancies are not only a health risk, but it also contributes to the lack of the progressive realisation of the right to food.⁷⁸

The National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy (2015) was developed to serve as a guide to stakeholders when addressing various aspects of the ASRH&R in South Africa. This strategy reflects the vision of the Population Policy for South Africa (1998), which is “to contribute towards the establishment of a society that provides a high and equitable quality of life for all South Africans in which population trends are commensurate with sustainable socio-economic and environmental development”.⁷⁸ The goal of the Population Policy is “to bring about changes in the determinants of the country’s population trends, so that these trends are consistent with the achievement of sustainable human development”. The increasing incidence levels of unplanned and unwanted teenage pregnancies is highlighted in the Population Policy, including the “increased risk of early child bearing and maternal mortality as major population concerns that need urgent and collaborative attention from all spheres of government, civil society and development partners”.⁷⁸

1.6.6 An adequate standard of living, social security, the right to work and the adolescent’s right to adequate food

Employment and social security are vital means of accessing food through an income. Minimum wages and social security benefits, however, take into account the cost of food resources available in the market.²⁵ The interdependence of human rights are clearly provided for. The human right to food forms part of the right to an adequate standard of living. The right to adequate standard of living is achieved with the receiving of transfers or an incentive earned in return for economic activities, including wage labour, self-employment, providing goods and services or means of production. This way a living is earned or transferred and quite often, it is both. The right to adequate standard of living can, therefore, be seen to be implemented through social welfare transfers, through the right to earn one’s living or through the right to social security.⁷⁹

The right to social security includes having secure access to food for persons unable to earn a living through participating in economic activities.⁷⁹ The South African social grant system, which includes the Child Support Grant (CSG), is one of the most inclusive social protection programmes in the developing world.⁸⁰ The success and the contribution of this system will be discussed in the section to follow.

1.6.7 Child Support Grant

The CSG was developed for the disadvantaged parent/primary caregiver looking after a child. The criteria given by the South African Social Security Agency (SASSA) indicate that, in order for a child to qualify for the CSG, the relevant person applying must be the child’s primary caregiver (e.g. parent, grandparent or a child over 16 heading a family).⁸¹

A primary caregiver is seen as the person, other than the biological or foster parents, who is over the age of 16 and is mainly responsible for looking after the child. This person can be a family member, including an older sibling. In the instance where the primary caregiver applies for a grant for a child, proof needs to be provided that he or she is the child's primary caregiver, in the form of an affidavit from a police official, a social worker's report, an affidavit from the biological parent or a letter from the school principal of the school attended by the child. It is also a prerequisite that the parent/caregiver and the child must be registered South African citizens or permanent residents. Additionally, children who are heading households, and who are between the age of 16 and 18, can apply for the CSG with the help of a supervising adult like a social worker.^{82,83} The total income of the single parent may not be more than R39 600 per annum (R3 300 per month) or R79 200 per annum (R6 600 per month) if the parents are married. The child must be under the age of 18 and must not be cared for in a state institution. The child must reside with the grant receiver, who must act as the dedicated parent/caregiver of the child. The allocated amount from 1 April 2015 is R330 per month. The grant is paid into the receiver's SASSA account, which could be obtained as cash at a specific pay point or via an electronic deposit into the receiver's bank or Postbank account.⁸¹

The number of social grant recipients in South Africa have increased exponentially over the past twenty years, from an estimated four million in 1994 to 16.3 million by 31 August 2014.⁸² Newspaper reports and campaigns have given rise to allegations of young women abusing the social grant system, allegedly by getting pregnant deliberately to collect the child support grant, and then leaving the children with the elderly to spend the grant on 'drinking sprees', clothing and gambling.⁷⁸ These statements have been contradicted by studies addressing the issue of misuse of child support grants.^{78,84} It was found that the number of teenage pregnancies increased rapidly during the 1980s, but started declining again in 1998 when the child social grant was introduced.⁸⁵

An impact assessment done in 2012 by the Department of Social Development (DSD), the South African Social Security Agency (SASSA) and the United Nations' Children Fund (UNICEF) South Africa assessed the Social child support grant in South Africa, providing evidence from a survey of children, adolescents and their households. The receipt of a CSG in a household improved school attendance of adolescents, particularly male adolescents, even when the CSG was not intended for that particular adolescent.⁸⁰ It was further found that the receipt of the CSG significantly reduced the six most risky behaviours practiced by adolescents.⁸⁰ Figure 1.2 illustrates how the above findings on the CSG contribute towards the progressive realisation of the right to food.⁸⁰ The lower incidence of adolescents

partaking in risky behaviour is envisioned to have a positive influence on adolescents' nutritional status.

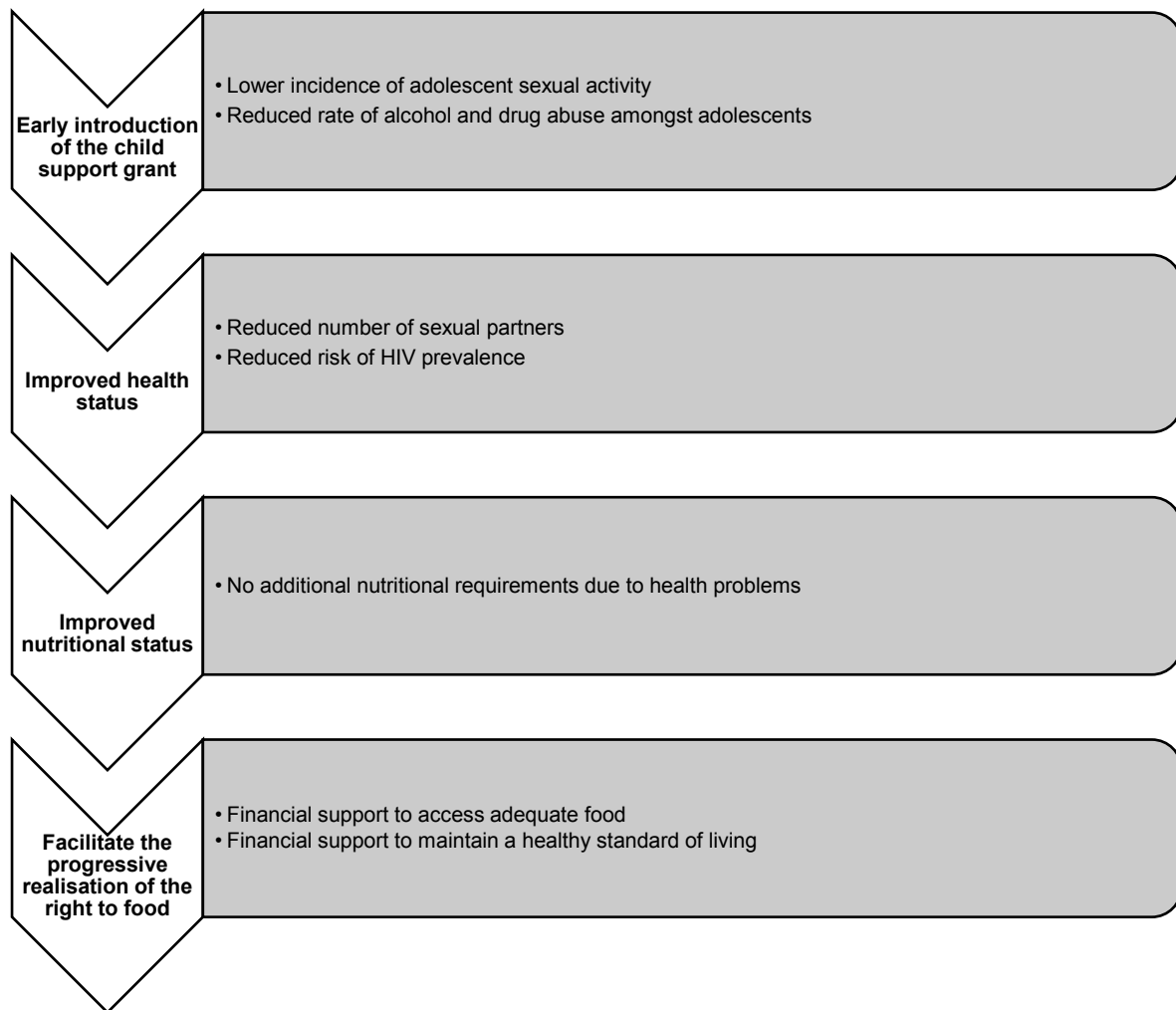


Figure 1.2: The child support grant's contribution towards the progressive realisation of the adolescent's right to adequate food⁸⁰

1.6.8 The right to adequate housing and the adolescent's right to food

Basic facilities are needed and protected by a variety of human rights instruments, in order for an individual to be able to prepare (cook) and store food safely. If these facilities lack in a household, the right to food of its occupants may be weakened.

The Grootboom case is possibly the most conversed court case defending economic, social and cultural rights (ESCR) in South Africa, as it laid the groundwork for later successful ESCR claims in South Africa. In the Grootboom case, the SA Constitutional court ruled the primary failure of the government's inadequate housing programme, failing to comply with its obligation to progressively realise ESCR, emphasizing its positive obligations imposed on the

government by sections 26(1) and 27(1), which were, in their totality, described in sections 26(2) and 27(2) respectively.^{86,87}

1.6.9 The right to water and the effect of water availability on adolescent's right to adequate food

When people lack access to safe drinking water, whether it is for personal or domestic use, the right to food cannot be realised since safe drinking water is necessary to maintain life as well as an adequate diet. The right to water implies that water should be safe from harmful substances that could lead to illness, compromising the right to food as well as the right to life.²⁵

Access to safe drinking water is a fundamental precondition for the enjoyment of several human rights, including the rights to education, housing, health, life, work and protection against cruel, inhuman or degrading treatment or punishment.²⁶ Water, water facilities and water services must be adequate for human dignity, life and health. The right to water is protected in international law. Article 11 of the ICESCR, supported by the General Comment 15, recognise this right, by giving a comprehensive definition of the right to water, its meaning and content, and the duties arising from the right to water. Water is thus interpreted as a necessity to maintain “an adequate standard of living”.¹ The right to water is further protected in the SA Constitution in Section 27(1)(b), recognising that everyone needs “access to sufficient water” as well as Section 28(1)(c) giving children the right to basic nutrition, where water is seen as a necessary component of an adequate food supply.⁴

The lack of sanitation and the impact on health has been well documented. It accounts for as many as a quarter of all under-five deaths and is a serious threat to the right to health.⁸⁸ Poor sanitation also has a severe effect on water quality and risks the enjoyment of this right. With a lack of proper sanitation facilities and the availability of piped water to a household, one cannot enjoy the right to adequate housing.⁸⁸ Using the Grootboom case as an example, it is vital that the government implement its obligation to ensure that all citizens ESCR are progressively realised to ensure that adolescents' right to food is met.

Globally, there is enough water for domestic purposes, for agriculture and for industry. The problem, however, is that often the individuals living in poverty are systematically excluded from access to water by their social status, hampering access to the infrastructures that provide water for life and for livelihoods.⁸⁹

South Africa has improved significantly since 1994, ensuring the provision of basic service to households experiencing extreme poverty. Nevertheless, even with efforts of providing basic

services, including free basic water of 6 000 litre per household per month^a, housing and sanitation to reduce under-development, together with a social welfare system that has enabled thousands to access education and food, a day in the life of many people living in South Africa still involves these concerns.^{90,91}

Only 70% of South Africa's population has access to running water inside their dwelling. It was indicated by the revised census report (2011) that 22% of the population of the Eastern Cape Province, still doesn't have any access to piped water, with only 49% having piped water inside their house/dwelling and 28% having access to piped water outside of their yards.⁹² The GHS (2014) reported that the percentage of households in the Eastern Cape province with access to water increased by 22% to 78,5% since 2002; nevertheless, the percentage of households with easy access to water in the Eastern Cape province dropped from 80,5% to 78,5% between 2013 and 2014. This resulted that the Eastern Cape province was rated as the province in South Africa where households had the poorest access to water in 2014.⁵¹ The right to water and the right to adequate food is closely related since water is an essential part of nutrition, required to prevent malnutrition, as well as needed for food production.²⁶

Subsistence farming is a strategy adopted by many households living in poverty in South Africa to ensure household food security as well as contributing as an income generating method.^{19,71,93,94} However, self-provision will have to increase significantly to achieve the right to food to be realised, especially against a backdrop of constantly rising inflation and increasing needs for cash by both urban and rural households living in poverty.^{63,93,94} Recent studies have shown an increase in the reliance of both urban and rural households on supermarkets, in some cases with supermarkets providing up to 90% of food supplies.

Water is needed for agricultural activity, which is a vital part of addressing food security as a precondition for the realisation of the right to food. However, it is clearly stated that the right to water does not account for the availability of water for agricultural activity and covers only personal and domestic uses (i.e. water for drinking, washing clothes, food preparation and personal and household hygiene).⁸⁸ However, lack of access to water for agriculture, especially for smallholders, impacts negatively on the right to food. General comment No. 15 of the ICESCR promotes the availability of water in order to prevent starvation and disease from occurring.⁹⁴ According to the human rights principles, the right to water should also include water available for use in smallholder's agrarian activity, since water is necessary to

^a The actual amount of free basic water may differ amongst municipalities.

prevent starvation of livestock. However, the right to water requires that water allocation to personal and domestic uses for all should still be prioritised.^{88,94}

1.7 OTHER FACTORS INFLUENCING ADOLESCENTS' RIGHT TO FOOD

1.7.1 Children living in food insecure households

It is estimated by the SANHANES-1 that 26% of South Africa's population often experiences hunger and an additional 28.3% are at risk of hunger. The SANHANES-1 further states that 37% of people experiencing hunger lives in rural informal areas.⁵¹ The GHS (2012) found that 19% of South African children do not have access to sufficient food, which further compounds to the occurrence of child-headed households. OXFAM refers to this as the phenomenon of child-headed households, where young people have to face serious dilemmas in providing for their sibling. Child-headed households are defined by the Children's Institute of the University of Cape Town, as "a household where all members are under 18 years".⁵

A report by OXFAM (2014) reported the landless rural poor and unemployed youth as being particularly vulnerable to food insecurity.⁹⁵ It was found in the 2006 GHS that 0.67% of children in South Africa lived in child-headed households. Assumptions are commonly made about such households that are inaccurate or often not based on evidence. In 2009, most children living in child-headed households were not orphans and still had one living parent, usually the mother. In 88% of these households there was at least one adolescent over the age of 15. About 90% of all child-headed households were in KwaZulu-Natal, Limpopo and the Eastern Cape province.⁵

1.7.2 Gender inequality and the link to the right to food

Gender, race and geographical location have an impact on levels of poverty and food security.^{71,96} Gender inequalities due to cultural differences in a community do exist.⁶ A study done by the Human Science Research Council (2004) pointed out that women were primarily responsible for feeding and caring for children.^{55,95} Even if rural women were more educated than men, they still remain at the bottom of the social pyramid.⁵

The wellbeing of women in the rural areas is threatened by cultural boundaries, since women are more affected by inequality.^{88,96} The FAO reports that often women residing in rural areas, have less access than men to productive resources, services and opportunities. Several studies emphasize the cost of rural womens lack of education, linking it directly to the increased rates of malnutrition, infant mortality and in many cases, the high HIV/AIDS infection rate. Mostly women and girls are responsible for generating an income through

planting, weeding and harvesting crops as well as taking care of smaller animals, collecting fuel wood and water. This goes together with them being responsible for maintaining the household.⁹⁷ Even though women do contribute substantially to agricultural produce for the household, it's mostly the men who control the sales of crops and animals, using the income. It is in these settings that gender discrimination takes place where women are excluded or restricted to take part in economic growth, on basis of their gender, preventing women from enjoying their full human rights. Rural women are seldom consulted in empowerment and development projects, increasing men's opportunities at production. However, the workload does not get less and as the work burden increases, female adolescents are often deprived of their education opportunities having to help with household tasks.⁹⁷

Gender equality, especially in the agricultural setting, shows that women could contribute to increase in yields if female farmers had the same access, reducing infant and child mortality, improving family members and households nutritional situation, with higher economic productivity.

Furthermore, women often go to traditional healers for health-related issues, and they and their traditional healers are unaware of medical advances in gender issues.^{88,96} This poses a risk for the female adolescent, putting her health at risk, which could then in evidently, as mentioned before, affect her nutritional status, or her ability as primary caregiver to provide and ensure the right to adequate food for herself and her family.

If gender equality is to be realised the government needs to intervene more. Women are less likely to be employed and thus, are vulnerable to the threat of poverty, leaving them at risk for their right to food being violated.⁹⁵ After 18 years of democracy, South African women still face an uphill battle when it comes to competing with their male counterparts, especially in the workplace. Female unemployment in South Africa increased from 27.7% in 2000 to 30.3% in 2010. Most of the women affected were between the ages of 20 and 34.^{93,98} An analysis by UNICEF also reported that children that lived in female-headed households were more likely to experience hunger and lack access to adequate sanitation and water.⁹⁹

According to the GHS, the levels of food insecurity experienced in households are the highest in the Eastern Cape province.⁴⁵ It is also found that female-headed households are more vulnerable for food insecurity than male-headed households.⁹⁵

1.7.3 Poverty and hunger and the relation to child labour and the effect thereof on their right to food

It has been said that young children and adolescents, experiencing hunger and malnutrition in poverty, are often the ones most susceptible to being recruited into the worst forms of child labour to survive. There is a notion that if the right to food of children and adolescents are realised and addressed appropriately, risky behaviours could subside, preventing adolescents from exposure to transactional sexual relationships, criminal activity and gang membership, which are seen as some of the worst forms of child labour.^{25,78} If the right to food is improved, it will contribute to the protection of the child's right to special protection in situations of exploitation as stipulated in the CRC under Article 32(1), 34, 36 as well as the SA Constitution, Section 28.

1.7.4 Food prices and the impact on adolescents' right to food

Social transfer programmes such as child support grants might alleviate income poverty, especially in women-headed households and improve food and nutrition security, which increasingly are dependent on affordability. However, consumer prices in informal settlements, townships and rural areas are often higher due to the lack of large retail chain stores. The rising food prices have an immense impact on low-income areas, especially households that are dependent on social transfers.^{19,96} Rising food prices increase the risk of hunger of people living in poverty, as households are forced to distribute more money to necessary non-food items such as transport and electricity.⁹⁴

Physical access to food is another challenge that is tied to economic access. If families do not have money to travel, they have limited access to nutritious food. The reason for the limited access might be that 'spaza shops'^b in areas usually stock low quality (energy dense but low in nutrients), out-of-date food, with very little or no fresh fruit and vegetables.^{94,100} Households experiencing poverty, living below the GDP, are vulnerable to their right to food being violated if access to nutritious food and affordability is not possible.

A survey done by the University of Cape Town (2012), covering 1 060 households in 11 cities in South Africa, reflected that 77% of all households were either moderately or severely food insecure. The problem that was identified was not necessarily the availability of food, but the accessibility thereof because of poverty. On top of this, poor and rural areas are said to have seven times fewer supermarkets than rich areas, making it a struggle to access nutritional food.¹⁰¹

^b Spaza shops are mostly characterised as micro-convenience stores, operating in townships as well as residential areas, selling groceries, bread, cool drinks, sweets and cigarettes.¹⁰¹

1.8 CONCLUSION

Many policies and programmes are in place in South Africa, addressing the social issues that directly or indirectly contribute to the prevention of adolescents enjoying their right to adequate food. These include the burden of HIV/AIDS, household food insecurity, social insecurity and inadequate education. Nevertheless, the successful implementation of policies, programmes and initiatives in the Eastern Cape province, aimed at addressing these issues, has not been documented efficiently.

Matters affecting the health of adolescents have received little attention, except for reproductive health concerns as adolescents are a “difficult to measure and hard to reach” group.¹⁹ The researcher has been working in the proposed area of study for four years and has gained a deep understanding of the dire needs of adolescents. As undergraduate student of Stellenbosch University in the BSc Dietetic programme, the researcher was trained during the Community Nutrition rotation of the internship to follow a systematic approach when entering a new community, compiling a community profile through the assessment, analysis and action cycle, in order to establish a needs-based-approach to community interventions. The researcher came to the conclusion that a human rights-based approach is needed, addressing adolescent nutrition and recognising the adolescents’ right to food. This conclusion is based on the researcher’s observations, investigations about the community, discussions with various role players in the government services and the community, and attendance of quarterly Integrated Nutrition Programme meetings held in the Eastern Cape province.

1.9 PROBLEM STATEMENT AND MOTIVATION FOR THE STUDY

According to a review report on equity and child rights, compiled by UNICEF and the South African Human Rights Commission in March 2011, the Eastern Cape province is one of the three highest poverty-stricken provinces with the second highest rate of households (72% to 83%) experiencing income poverty.⁹⁹ Unemployment appears to be a key driver of poverty. In 2009, 51% of children lived in households with no employed household members and 72% of children in the Eastern Cape province lived in households experiencing income poverty in 2008. These percentages exceed the averages for children living in SA, which is 37% and 64% respectively.⁹⁹ Black children in South Africa constitute a disproportionately large number of the total number of children living in poverty.⁹⁹ The poverty (head count) rate among children is shown to be highest in the Eastern Cape province (80%). According to the National Development Plan (NDP) (2013), poverty is classified as a monthly income of R577 or less per person in a household.¹⁰⁰ A great deal still needs to be done to transform households so that they can afford balanced, healthy and nutritious meals in a sustainable

manner.²⁶ An estimated 72% of children in the Eastern Cape province were living in household poverty in 2008.⁹⁹

The inadequacy of adolescents' nutrient intake due to numerous factors is known to affect the individuals' human right to the enjoyment of adequate nutrition.¹⁰² The millennium development goals^c are mentioned in the Integrated Development Plan's (IDP) key legislation and in the policy documents provided. The IDP mentions the establishment of food self-sufficiency in the province as a target for growth and development in the Eastern Cape province for the period 2004 to 2014.¹⁰³ Food security is mentioned as a priority, nevertheless it is stated in the IDP that current production activities are of such nature that low yields are obtained in the most instances due to a lack of funds and resources, putting the households from the Senqu sub-district in the Eastern Cape province at risk for food insecurity.¹⁰² According to the revised version of the IDP for 2011-2016, 71% of the Senqu population earns an income of between R1 and R1 600 per month. This poor socio-economic situation is further exacerbated by the high dependency ratio of 161:100, which means that for every 100 economically active people, there are 161 people who are dependent.¹⁰⁴ A total of 30 246 child grants and 10 846 adult grants are paid monthly, 3 024 for foster care, 22 684 for child support and 305 for care dependency. In general, Senqu is regarded as a poor area facing high levels of service backlogs, poverty and unemployment, the consequences of which include diminished quality of life, reduced ability among residents to pay for services and the associated dependence of the Municipality on subsidies and other external funding. Household poverty plays an important role in adolescent food security, since households facilitate the foundation of social, economic and spiritual development with the ability and potential to provide for the needs of household members.^{28,47} A study undertaken in the Western Cape by Stupar (2011) expressed the need for more detailed investigations of different barriers, determinants, promoters and facilitators that impact on South African adolescents' right to food.¹⁹

This study explored the possible underlying factors that impact adolescents' full enjoyment of their right to food, as perceived by adolescents and key informants.

^c On September 25th, 2015, the millennium development goals has been replaced by the sustainable development goals (SDG). The SDG are a set of 17 goals with specific targets to be achieved over the next 15 years. The SDGs adopted by the UN General Assembly targets to end poverty, protect the planet and ensure prosperity for all.¹⁰⁵

1.10 CONCEPTUAL FRAMEWORK OF FACTORS CONTRIBUTING TO ADOLESCENT'S RIGHT TO FOOD

In summary, a conceptual framework was developed to depict the factors affecting adolescents' right to adequate food (Figure 1.3), as derived from current literature.

A household is viewed as the entry point to education and the development of skills, values and attitudes. A household facilitates the foundation of social, economic and spiritual development of household members—enabling and potentially providing the basic needs of all household members.³² Failure to comply with facilitation at any level could result in the violation of adolescents' human right to food, leaving them food insecure.³⁵ By implementing food and agriculture-related policies and legislation, the right to food can be achieved through the successful implementation of interventions and programmes in line with policies ensuring food security. As seen in the framework (Figure 1.3), it is the responsibility of all roleplayers to utilise opportunities for the advancement of adolescents' enjoyment of their right to food.

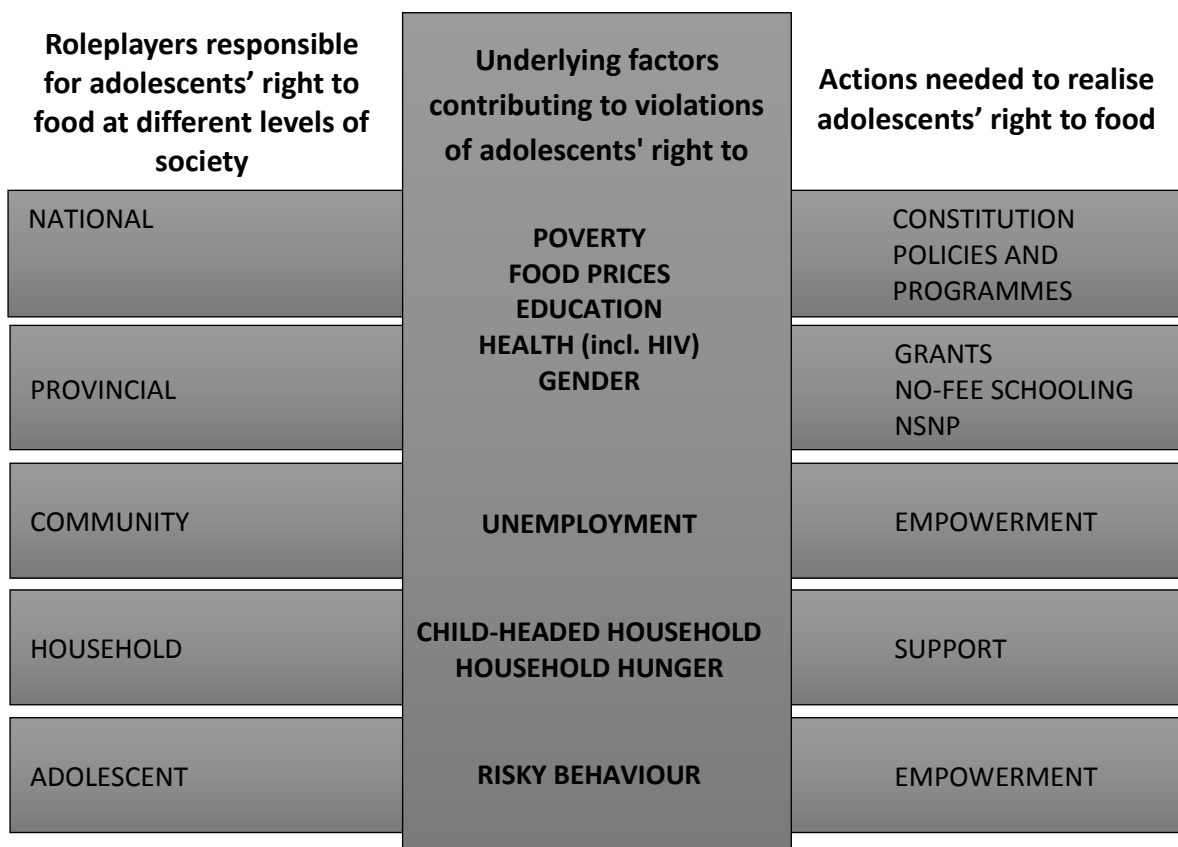


Figure 1.3: Underlying factors contributing to the realisation the right to food of adolescents^{4,5,56,67,75,76,81,95}

CHAPTER 2: METHODOLOGY

2.1 AIM OF THE STUDY

The main aim of this study was to gain insight into the perceptions and experiences of adolescents in the Sterkspruit area, Eastern Cape Province, South Africa, regarding the underlying factors that have an impact on their right to adequate food.

2.2 RESEARCH OBJECTIVES

The research objectives for this study included:

- To determine which factors prevent or promote the full realisation of the right to food, according to adolescents and key informants in the Sterkspruit area of the Senqu sub-district, Eastern Cape Province;
- To investigate the perceptions of the fulfilment of the right to food according to the adolescents and key informants in the Sterkspruit area of the Senqu sub-district, Eastern Cape Province;
- To explore whether adolescents and key informants regard female adolescents in Sterkspruit as vulnerable to food insecurity and whether their right to adequate food is being violated more than that of male adolescents;
- To explore possible solutions and opportunities to facilitate the progressive realisation of the right to food of adolescents in the Sterkspruit area.

2.3 STUDY DESIGN OVERVIEW

This study included a combination of qualitative and quantitative research methods. The reason for the combination of methods was to provide more comprehensive answers to the research objectives, going beyond the restrictions of a single method. One of the most important reasons for following a mixed methods approach, was so that one can acquire more information about a specific research topic, combining the strengths of qualitative research with the strengths of quantitative research while at the same time, compensating for the weaknesses of each method.¹⁰⁶ This study aimed to provide a comprehensive dataset providing information towards underlying factors influencing adolescents' right to food.

2.4 STUDY POPULATION AND SAMPLING

2.4.1 Study population of the study

The study population consisted of key informants and adolescents both male and female, from the Sterkspruit area of the Senqu sub-district, Eastern Cape province. The region of Sterkspruit and surrounding villages were used for selecting adolescents to participate in this study since *Child Gauge 2010* indicated that more than 70% of children in the Eastern Cape province were living in household poverty in 2008.⁹⁹ A further 23% of children in the Eastern Cape province experienced hunger, while 11% were at risk of hunger according to *Child Gauge*.⁹⁹

The population density for Senqu Municipality was estimated at 16 persons per km². The surrounding area is the most densely populated as approximately 93% of the total population lives in the Sterkspruit sub-region.¹⁰⁰ This is due to the fact that this area formed part of the former Transkei Homeland where Black Africans were forced to live during the Apartheid regime. The less densely populated areas were mainly commercial farmland. From a logistical perspective, therefore, it was sensible to focus the investigation on the Sterkspruit area for the purpose of this study.⁴²

Population studies of Senqu indicated a youthful population with low skill levels and high unemployment rates.⁴² The majority of the population lived in rural villages and relied on social grants, thus leaving them at risk for food insecurity and their right to adequate food vulnerable to violation.

2.4.2 Sample selection and sample size

There were two study groups, namely the key informants and adolescents.

2.4.2.1 Key informants

Key informants (KI) in the Sterkspruit area (e.g. representatives from non-governmental organisations (NGOs), church leaders and community councillors) were approached by the researcher. Using snowball sampling, the KIs were asked to identify approximately four more key informants from the community to participate in the research. Key informants were chosen on the strength of their position in and knowledge of the community, and were essential for shedding light on the adolescent food security situation.

2.4.2.2 Adolescents

Key informants were asked to help identify adolescents aged 10 to 19 years to make up focus groups, consisting of six to ten participants each, the recommended number for focus groups.¹⁰⁷ The classification for adolescents by the World Health Organization is 10 to 19

years², hence the motivation for the age group chosen and also to ensure that a broad spectrum of adolescents were included.

Six focus group discussions (FGD) were planned. The focus groups were gender-based (thus female adolescents were grouped together and male adolescents were grouped together) in order to protect gender-sensitive issues and opinions. There were two age categories, namely 10 to 14 years and 15 to 19 years. Adolescents from similar educational backgrounds (namely schools exempted from paying fees) were selected to participate in the focus group sessions.

2.4.2.3 Inclusion criteria

The inclusion criteria for the KIs were:

- KIs who have been approached by the researcher and have given written consent
- KIs who have given written consent for taping/recording the interview

The inclusion criteria for the adolescents were:

- Adolescents who attended schools exempted from paying fees
- Adolescents whose parents/caregivers gave consent and who gave informed assent/consent
- Adolescents who have given written consent for taping/recording the FGD
- Adolescents whose parents/caregivers gave written consent and who gave informed assent for taping/recording of the FGD
- Adolescents in the age group 10 to 19 years²
- Adolescents who were identified by the key informants
- Adolescents who were South African citizens, as well as adolescents from other countries (e.g. Lesotho) who have been living in the Sterkspruit area with their next-of-kin for more than six months, as they are entitled to the rights enshrined in the SA Constitution
- IsiXhosa-, Sotho- and English-speaking adolescents

2.4.2.4 Exclusion criteria

The following KIs were excluded from the study:

- KIs who participated in the pilot study
- KIs who did not give signed consent to be interviewed

The following adolescents were excluded from the study:

- Adolescents who participated in the pilot study

- Adolescents whose parent/legal guardian did not provide written consent or were unwilling themselves

2.5 METHODS OF DATA COLLECTION

A cross-sectional descriptive study using a mixed method approach was performed in the Sterkspruit area of the Senqu sub-district in the Eastern Cape province. Triangulation of data was enabled by using a combination of qualitative research methods (in-depth interviews and FGD) and quantitative methods (self-administered questionnaire) to provide more comprehensive answers to the research objections, going beyond the restrictions of a single method. A mixed method approach was followed to ensure that personal experiences and opinions were provided, which were then further supported by the demographic background, creating a profile and background through the quantitative data provided.

2.5.1 Key informant in-depth interviews

Community members identified as possible KIs were contacted by the researcher through letters of invitation and phone calls, inviting them to take part in the research. Invitation letters were available in English and IsiXhosa (Addendum A). Interviews were scheduled for April 2014, but due to rioting in the area, it had to be rescheduled for May 2014, at a time that was suitable for the key informants. Dates and times were confirmed with each key informant.

The interviews took place at a suitable venue preferred by each KI such as the community centre in Blue Gums village and an available room at the local clinic in Manxeba, since the clinic was the most central point and familiar to the KIs. Two of the KI interviews were conducted by the researcher in English. The remaining six interviews were then conducted by the trained research assistants in IsiXhosa, since this was the preferred language of those key informants. Written informed consent was obtained from all KIs (Addendum B: English) before they were interviewed on the issues regarding their perceptions of the right to food of adolescents living in rural areas.

A discussion guide (Addendum C) was used to lead the conversation. Interviews lasted between 30 minutes and one hour. Voice recordings were made for transcribing and translating purposes.

2.5.2 Self-administered questionnaires and Focus group discussions of adolescents

Potential participants were identified by the KIs. The adolescents and their parents were invited to an information session about the research, which was scheduled at a suitable

location in the Blue Gums village, situated close to the centre of the village between the one school and the one clinic. Unfortunately, no parents attended the information session. Although the adolescents were not accompanied by parents, the selected venue was safe, in close proximity to the adolescents' homes and easily accessible to all participants.

The researcher (with the help of the research assistants) explained to the adolescents and some of the KIs who were present, what the study was about, what the informed consent entailed (refer to section 2.8) and motivated them to participate.

On the scheduled return date, the adolescents had to bring their completed, signed consent forms (Addendum D) or in the case of adolescents younger than 12 years, assent forms (Addendum E) as well as consent forms from their parents or legal guardian (Addendum F). Self-administered questionnaires were handed out only to the participants who gave consent (Addendum G).

The research assistant explained the research process and how the questionnaire should be completed. This took about 15–25 minutes longer than scheduled. Adolescents who were unable to complete the questionnaire by themselves, were guided by the research assistant but without providing any clues or leading answers. All questionnaires were checked for completeness by the research assistant and were then placed in a sealed box until data capturing.

After completion of the questionnaires, the focus groups were conducted in a venue big enough to seat all focus group members, the researcher and research assistants (nine to 13 people) comfortably. FGD were conducted in a gender-specific manner, as the female research assistant led the focus group discussion for the female groups and the male research assistant was responsible for the male groups.

The discussion guide developed for the focus group discussion (Addendum H) was used by the IsiXhosa-speaking research assistant to elicit information. Focus group discussions were conducted in IsiXhosa, since this is the language used most commonly. However, the researcher attended all six focus groups to record emotions and attitudes observed during the focus group sessions and to answer any queries from the research assistant.

Participants were welcomed at the beginning of the session. The role of the researcher and the research assistants were explained, describing the aim of the study as well as what participants could expect from the session.

After the introduction the research assistant did an icebreaker with the adolescents that set everyone at ease. The research assistants played a game with the adolescents, where they had to be seated in a circle and following a certain beat, sing each person's name as well as all the previous persons' names. Thus, the last person was left to sing everybody's names. If the 'chain' got broken by someone, they had to restart.

The discussion guide was used during the interviews, but questions were not necessarily asked in the same sequence. Discussions were expected to last approximately 1.5–2 hours but it only lasted between 40–60 minutes.

After each interview, the researcher and the research assistants reflected on the interviews and discussed the researcher's observations during the sessions. After each focus group, the researcher compiled field notes that were used to contextualise the data.

Voice recordings of the in-depth interviews (IDI) and discussions were transcribed to enable analysis of the text. The research assistants were responsible for the translation of all the in-IsiXhosa depth interviews and focus group discussions into English. All English recordings were transcribed manually by the researcher. Common themes emerging from the data were identified deductively by the researcher, guided by the objectives of the study (refer to section 2.2.2).

2.5.3 Research instruments

2.5.3.1 *Discussion guide for key informant (KI) interviews and focus groups with adolescents*

The discussion guide was developed by the researcher based on the research objectives and was used for the key informant interviews (see Addendum C) as well as the focus groups with the adolescents (Addendum H). The discussion guide addressed factors affecting adolescents in Sterkspruit, Senqu sub-districts right to food, as well as their perceptions of the progressive realisation of the adolescent's right to adequate food. In addition, the KIs were also questioned on governance as a potential issue concerning the adolescent's right to food.

The themes explored factors that could prevent or promote adolescents' full enjoyment of their right to food, the perceptions and experiences of these groups regarding food security, and whether there are differences between male and female adolescents' experiences of food security. Lastly, possible solutions and opportunities relating to the progressive realisation of adolescents' right to food were discussed.

2.5.3.2 Self-administered questionnaire

A self-administered questionnaire was used to gather the personal information needed for this study and also included questions related to demographic information. This questionnaire was based on the *Food Insecurity and Vulnerability Information and Management System Questionnaire* compiled by the Human Sciences Research Council.¹⁰⁸

The questionnaire was translated from English into IsiXhosa by one research assistant and moderated by the second research assistant after translation. The questionnaire was also reviewed by a third bilingual person with a qualification in human resources, as well as working in media, for input. The questionnaire was, therefore, available in English and IsiXhosa (see Addendum G).

There were five different sections in the self-administered questionnaire:

- Section 1 contained one question about the adolescent's personal particulars
- Section 2 contained four questions about the adolescent's family
- Section 3 contained eleven questions about the adolescent's household food and food intake history
- Section 4 contained five questions addressing agricultural issues
- Section 5 contained seven questions addressing the household setup

This resulted in 28 questions that needed to be answered in writing by the focus group participants. Questions were closed-ended and had options to choose from by making a cross (x) in the allocated tick-boxes. There were no Likert-scale questions.

2.6 QUALITY ASSURANCE

2.6.1 Standardisation of research assistants

Two research assistants (female and male), both with a grade 12 qualification, were trained to conduct the interviews. The research assistants have been identified by the researcher's colleagues working together at the primary health care facility, for their ability to speak IsiXhosa and English fluently.

Standardisation of the research assistant was done by the researcher, guiding them on interviewing techniques and facilitating of FGD to ensure interpreter reliability. It was expected of the research assistants to conduct the interviews using the same prompting questions and without providing leading information. The standardisation process took place over two days.

2.6.2 Pilot study

The pilot study was conducted during March 2014, in Barkly East (Senqu sub-district), located close to the area where the research was conducted. Barkly East is situated in the same sub-district with similar population dynamics. Both Barkly East and Sterkspruit are located in Senqu sub-district in the Eastern Cape province, bordering Lesotho.

The pilot study was conducted in English by the researcher. During the pilot study, one key informant was interviewed. She was a community social worker known for interacting with the youth from Barkly East on a regular basis, as well as being involved with the children's home.

One focus group discussion was held at the boardroom of the local community health care centre. The composition of the focus group was expected to be similar to that expected during the main study in terms of gender, age groups and similar educational backgrounds (namely schools exempted from paying fees). The focus group consisted of seven female adolescents, who were from similar backgrounds, meaning they all attended no-fee schools.

Both research assistants had the opportunity to observe as well as ask certain questions during the focus group discussion. No male focus group discussion was held, since not enough males arrived on the day the pilot study was conducted.

The same procedure as described in Section 2.5.2 was followed during the focus group discussion. The pilot study was used to assess understanding of the research instruments, whether the proposed procedures were adequate, and to determine the time required to complete the questionnaires and conduct FGD. The only adaptation required was an adjustment to the graphical layout of the self-administered questionnaire.

2.6.3 Validity

2.6.3.1 Face validity

The face validity measures whether or not the research methods measure what is supposed to be.¹⁰⁹ For determining the face validity, the pilot study identified whether the participants understood the questions in the questionnaire and the discussion guide. All the participants were asked to comment on the clarity of the questions used in the above mentioned research tools, whether they understood everything clearly, and where adjustments could be made so that the questionnaire and discussion guide could be understood optimally.

The participants pointed out that the questionnaire was vague and that they struggled to read it. The researcher then observed that the participants also struggled to follow the flow of

the questions and realised the questionnaire's aesthetics needed to be adapted. The researcher had to retype the questionnaire, keeping the information the same with clearer separation of different sections and allowing more space between questions to ensure that it would be easy to read.

2.6.3.2 Content validity

Content validity can be acquired from three sources, namely literature, representatives of the appropriate population and experts on qualitative research, human rights and food security. The opinion of two experts in the field of human rights or community nutrition was sought to assess the content validity. They found that the content was sufficient for the target group.

2.6.3.3 Reliability

The reliability is the degree to which the assessment instrument yields a consistent result.¹⁰⁹ The reliability of the research question and the way the research was conducted were also considered. This was done by identifying whether the study design would be suitable to support the research questions, whether the sample selection was appropriate and without bias, whether fieldwork was carried out consistently, and whether it allowed sufficient opportunities for the participants to reflect on their experience and perceptions.

As mentioned before, the questionnaire was translated from English into IsiXhosa and moderated by the research assistants. The interviews and focus group recordings were translated into English by the research assistants who were conversant in both IsiXhosa and English. The research assistants compared each other's translations against the IsiXhosa voice recording to ensure that they were true versions of the original interview. The translated versions were then manually transcribed by the researcher and checked for accuracy.

2.7 DATA ANALYSIS

2.7.1 Qualitative data analysis of key informant interviews and focus group discussions

All interviews and FGD had to be translated from isiXhosa into English by the research assistants. The research assistants compared their translated versions to ensure a true reflection of the recorded data. After translation of the recorded interviews and FGD, the researcher typed out the English translation for content analysis purposes.

Content analysis is the process where the transcribed data was coded. Codes were thereafter grouped together to form themes and 'families'. These themes and families was supportive to address the overarching objectives. The researcher coded all the transcribed

data using the ATLAS.ti 7 text analysis programme. This programme is useful for coding transcribed text as well as voice recordings or any documentation used for interviews.

The text file of each transcribed interview or discussion was read by the researcher to identify emerging themes. During the course of the coding process, the researcher ensured that data that related to the research objectives were all coded. Following this, common themes identified were then analysed through the formation of “families”. These families are groups of different codes, grouped to arrange similar data together. The text was read several times until the researcher was satisfied that no new themes emerged. Hereafter the text was checked for inconsistencies or contradictory findings and the main themes were discussed with the fieldworkers. The results of the interviews and the FGD were at first kept separate. Field notes and analytical memos were also coded and analysed, as these were useful to contextualise the findings. The most common, relevant responses and comments that were considered to be powerful were included when writing up the report. Due to the large amount of information that was gathered, it was necessary to prioritise information, which was then summarised in the results section.

2.7.2 Quantitative data analysis

2.7.2.1 Data analysis of questionnaire

MS Excel was used to capture the data and Stata version 13.1¹¹⁰ was used for data analysis. Continuous data are described using mean and standard deviation or median and interquartile range. Categorical data are presented in frequency tables or histogram. The t-test or Wilcoxon rank-sum test was used to assess differences between two groups on a continuous outcome variable. Association between categorical variables was evaluated using either the chi-squared test or Fisher’s exact test. A p-value of less than 0.05 was set as the cut-off for statistical significance.

2.8 ETHICS AND LEGAL ASPECTS

2.8.1 Ethics committee

Ethics approval was obtained from the Health Research Ethics Committee, Faculty of Medicine and Health Sciences, Stellenbosch University (Ethics reference: S13/10/209 (Addendum 1)). The research was conducted in compliance with pertinent requirements in the Declaration of Helsinki, as well as South African and ICH GCP Guidelines, the Ethical Guidelines of the Department of Health, as well as applicable regulations pertaining to health research.

2.8.2 Informed consent

Only participants who have given informed consent were allowed to take part in the interviews. All documentation was available in English and IsiXhosa. Adolescents were encouraged to return on an arranged date and time with the completed consent forms (Addendum D) and assent forms^d (Addendum E) should the adolescents be younger than 12 years.

Consent that interviews and discussions may be voice recorded was also obtained separately. Voice recordings and the transcribed text were stored as protected documents and will be destroyed after six months of completion of the research project.

2.8.3 Participant anonymity, confidentiality and voluntary participation

Anonymity is interpreted as someone who is *unnamed* or someone who's *name is withheld*.¹¹³ Anonymity was ensured through not requiring participants to put their names or any form of identification on any questionnaires, except for their date of birth, which was needed for data capturing since the answers were captured according to the age groups.

The data collected was kept confidential and no individual was disadvantaged by the information they provided. Since IDI and focus groups were the method of data collection, individuals and groups were free to ask any questions regarding the study. Participant codes were allocated for the purpose of data processing and analysis. No names of individuals were used in the presentation or dissemination of results. Confidentiality was a priority at all times. Confidentiality was also maintained since the researcher and research assistants did not live in the same area as the participants, avoiding social contact with the participants and possible situations where confidentiality could be breached.

Voluntary participation refers to participants partaking “without pay or of free will”. They could also withdraw from the study at any point without any negative consequences.

The following three basic principles for research ethics were implemented:

- respect for a person through autonomy and respecting the participant's privacy and confidentiality,
- non-maleficence or beneficence, by ensuring that no harm be done to a participant and to do good. This was achieved by having gender-based focus groups conducted by a research assistant of the same sex.

^dIt is required by the Research Ethics Committee that all children below the age of 12 should sign an assent form to protect them against exploitation.

- justice, by ensuring that the benefits and burdens of research are fairly distributed, i.e. that vulnerable populations are not targeted for high-risk research with no benefit to them.

CHAPTER 3: RESULTS

3.1 INTRODUCTION

This study included a mixed methods approach to data collection. The researcher used a combination of quantitative methods (self-administered questionnaire) and qualitative research methods (in-depth interviews (IDI) with key informants (KI) and focus group discussions (FGD) with adolescents) that provided more comprehensive answers to the research objections, going beyond the restrictions of a single method.

The results of the data will be discussed according to the research objectives, addressing factors preventing or promoting the full realisation of the right to food as well as investigating the perceptions of the fulfilment of the right to food. The objectives also include matters addressing the right to adequate food for female adolescents, whether it was being violated more than that of male adolescents and suggestions and proposed opportunities that could facilitate the progressive realisation of the right to food of adolescents in the Sterkspruit area.

The findings of the key informants and the adolescents will be reported simultaneously, whereby the views and findings as reflected by the KIs will be reflected first followed by the views from the adolescents (if both are available).

3.2 BACKGROUND

3.2.1 Socio-demographic information of participants

Participants in the study were from two villages in close proximity of Sterkspruit town, Senqu sub-district, namely Manxeba and Blue Gums village. There were eight KIs in total, of which two were male and six were female. All the KIs interviewed, provided consent to participate in the study. Five of the female key informants (KI) were from the village Manxeba. One of the KIs from Manxeba, a nurse, was identified by the researcher since she worked with a non-government organisation (NGO), involved in tuberculosis and Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) programmes in the community and focusses on the youth as one of their key areas. This KI was asked to identify four more KIs from the community to participate in the research. Of these four, three were working as volunteer community health workers in the Manxeba village, with a well-informed background on the members and adolescents from the community. The fourth KI was a community member, who often volunteered to engage in educational projects, helping as a substitute teacher, thus engaging with the adolescents on a regular basis. These community health workers were regarded as influential individuals in this community since they were the

ones who most often visited the households when social problems presented. Due to the lack of Home Affairs facilities, social development offices, a hospital, the low number of teachers and health care staff at the local clinic, these individuals were the ones having insight and knowledge of the community, often acting as mediators between the community and the ward counsellors.

The researcher then approached a previous colleague working at the local clinic in Blue Gums village, who was able to identify two KIs from the Blue Gums village. The female KI from Blue Gums was an unemployed schoolteacher who grew up in the area, often helping out as an substitute teacher as well as being involved in the church from the community. The male KI was a well-known ward counsellor in the community, thus being elected as the mediator between the council and the community. The last KI was also known to the researcher and was chosen due to his leadership position in Sterkspruit town and his nutrition-related background. The male KI from Sterkspruit town was working as a dietitian at the time, engaging in community, nutrition-related projects implemented by non-profit organisations (NPO) as well as government-driven projects in the area (Table 3.1).

Table 3.1: Description of key informants (n=8) selected for individual in-depth interviews in the Sterkspruit town, Senqu sub district.

Village	Gender	Position in the community
Manxeba	Female	Volunteer community health worker
Manxeba	Female	Volunteer community health worker
Manxeba	Female	Volunteer community health worker, volunteer for a community garden project
Manxeba	Female	Volunteer substitute teacher; peer counselor
Manxeba	Female	Professional nurse working together with an NGO
Blue Gums	Female	Community member, volunteer substitute teacher
Blue Gums	Male	Ward Councilor
Sterkspruit town	Male	Community dietitian

The six FGD took place at Blue Gums village. A total of 50 adolescents (32 female and 18 male) and their parents/caregivers provided consent and assent (needed if adolescents were younger than 12 years) to partake in the focus group discussions. Adolescents came from Sterkspruit town and surrounding villages namely Blue Gums village, Shkisazana, Meyi Village as well as Mboniswani (Table 3.2).

Participants were divided into two categories according to their age. The age distribution was nearly equal: 52% (n=26) of the adolescents fell into the category of 10-14 years of age (Category A) while 48% (n=24) of the adolescents were between 15-19 years of age (Category B). Each category was then further divided into 3 groups each, resulting in 2

female groups and one male group for each category. Between the six categories more females (66% in category A, n=18, 61% in category B, n=14) participated, compared to the number of males (33% in category A, n=8, 39% in category B, n=10) (Table 3.2).

The home language of the all (100%, n=50) adolescents was IsiXhosa.

Table 3.2: Geographical location of adolescents according to gender (n=50)

Village	Category A (10 – 14 years)		Category B (15 -19 years)	
	Female n=18 (36%)	Male n=8 (16%)	Female n=14 (28%)	Male n=10 (20%)
Blue Gums	1(6%)	1(13%)	10(71%)	8(80%)
Sterkspruit	17(94%)	7(88%)	0(0%)	1(10%)
Shkisazana	0(0%)	0(0%)	2(14%)	1(10%)
Meyi Village	0(0%)	0(0%)	1(7%)	0(0%)
Mboniswani	0(0%)	0(0%)	1(7%)	0(0%)
Total	18(100%)	8(100%)	14(100%)	10(100%)

3.2.2 Key informants' and adolescents' understanding of Human Rights

Both groups of participants' knowledge and perception of human rights as well as their interpretation of the right to adequate food had to be obtained first to shed light on the background of the research, ensuring applicable answers. Questions related to human rights were asked, and if no feedback was received prompting questions were also given, ensuring applicable answers were elicited.

The KIs were not forthright about the adolescents' human rights; however, one female KI from Manxeba was concerned and firm regarding her opinion stating that adolescents' knew their rights and remarked that adolescent lack the responsibilities that accompany these rights.

Overall, it seems as if the adolescents were informed about human rights as they were able to name some of their basic human rights such as the right to privacy, education and food. Others expressed themselves in an unclear manner by saying that human rights consist of people being able to eat as well as sleep enough. A male adolescent displayed a better understanding of the responsibility that goes with having human rights, reflecting that often adolescents abuse their rights by misinterpreting and exploiting their rights. Refer to Table 3.3 for supporting comments.

Table 3.3: Key informants (n=8) and adolescents (n=50) reported understanding of the term 'Human Rights'

In-depth interviews	Focus group discussion	
Key informants	Female Adolescents	Male Adolescents
<p>"Children have a right to school and to health facilities" <i>Female from Manxeba</i></p> <p>"My knowledge of human rights is: everyone has got the right to education and everyone has the right to sustainable food insurance ..." <i>Male from Sterkspruit town</i></p>	<p>"Children have a right to privacy"</p> <p>"Children have a right to food"</p> <p>"Children have a right to be protected"</p> <p>"...You have a right to education"</p> <p>"...You have a right to life"</p> <p>"...You have a right to be taken care of"</p> <p>"You have a right to eat"</p> <p>"...Have a right to sleep and eat enough"</p> <p>"...Rights to feel secure and taken care of..."</p> <p>"...everybody has a right to food, enough food and healthy [food]"</p>	<p>"Human rights are whereby people can have a say to government..."</p> <p>"...A right to adequate food..."</p> <p>"Some children do know that they have rights but they use their rights in an abusive manner..."</p> <p>"Children have to be provided with healthy food..."</p>

The follow-up question was meant to determine the KIs' and adolescents' understanding of the right to food. Only the one KI from Sterkspruit town knew the meaning of the right to adequate food as acceptable, accessible and sustainable access to food, before probing of the term. One female adolescent did show some deeper understanding by explaining that the right to food means it should be healthy. For the rest, responses were elicited only after the definition of the right to food was read to them. The following definition for the right to adequate food was read:

"The right to food is fully understood when you and all your friends and family can get hold of enough food so that you can be healthy, without having to travel too far and without paying expensive prices."

Key informants and adolescents had limited understanding with regards to all humans having the right to 'healthy' food, since only one KI could actually interpret the meaning of food adequacy correctly, by referring to the nutritional quality based on the availability of macro- and micronutrients as well as cultural acceptable food, "planted and sowed" by themselves.

The adolescents did not elaborate as much on the concept of adequate food since they only repeated that adequate food entitled them to their right to food and them being provided with adequate food (Table 3.4). They described the right to adequate food as having healthy food, but without explaining what their understanding of 'healthy food' entailed. Some adolescents did, however, indicate that they as 'children' have the right to be provided with healthy food.

Table 3.4: Key Informants' (n=8) and adolescents' (n=50) own interpretation of the term "right to adequate food"

In-depth interviews	Focus group discussions	
Key informants	Female adolescents	Male adolescents
"Having good quality with all the required macro- and micronutrients ... to sustain someone's living... to promote good health" <i>Male from Sterkspruit</i>	"Adequate food means everyone has a right to healthy food"	"Children have to be provided with healthy food..." "Each and every citizen has a right to food"
"You have to eat healthy food every day and the food must be available." <i>Female from Manxeba</i>		
"Children must receive enough food and healthy food" <i>Female from Manxeba</i>		
"Adequate food means everyone must eat healthy food" <i>Female from Manxeba</i>		
"The right to adequate food to me it means to keep myself healthy...the better things is to go back and plough our fields that we can get everything from the garden, which is fresh, to keep our bodies healthy" <i>Female from Manxeba</i>		

3.3 FACTORS PREVENTING OR PROMOTING THE REALISATION OF THE RIGHT TO FOOD OF ADOLESCENTS IN THE STERKSPRUIT AREA, SENQU SUB-DISTRICT, EASTERN CAPE PROVINCE

The most common issues raised by the KIs, preventing adolescents from fully enjoying their right to food, included matters regarding the inappropriate utilisation of the child support and foster grants, alcohol abuse and the high unemployment rate in the area, whereas the school nutrition programme was mentioned as a promoting factor. The adolescents also discussed the above-mentioned issues; however, they discussed additional issues related to the high crime rate including adolescent's participation in criminal activities, punishment and females practicing sex trading as an attempt to obtain food security. These aforementioned factors will be elaborated upon in this section.

3.3.1 The inappropriate utilisation of social support grants

The inappropriate utilisation of social support grants was one of the main themes that emerged through discussions with KIs as well as during the FGD. KIs felt that parents abused the social support grant by spending it mostly on alcohol and 'fancy' clothes for themselves (Table 3.5). One KI emphasised the fact that having and wearing 'branded' clothes and using expensive cosmetics was of utmost importance for some caregivers, and that she has dealt with individuals claiming further social support such as food parcels and

handouts for the household, in spite of being able to afford all these unnecessary expensive items. Supporting this statement, female adolescents also mentioned the same 'brand' cosmetics that are often bought by people from the community instead of utilising the social grant for its intended use.

This opinion was then further supported by comments from other focus groups as well. One adolescent remarked that the social grant was used to buy food for the children and another that the grant was used "in a good manner" (Table 3.5), thus indicating that discrepancy exists regarding the utilisation of the social support grants in different households in these communities.

Another problem frequently mentioned by KIs as well as adolescents, relating to use of the child support grants, was that not all adolescents received the grant. This was due to poor access to social services in the area as well as the immigration of citizens from Lesotho. Immigration from Lesotho was perceived as a big problem. It was mentioned by the adolescents that many of their peers attending the schools in the Blue Gums village/Manxeba village, were from Lesotho. These migrant adolescents relied on relatives or friends from the local community to support them, even though these local families' only source of income might be that of pension grants and/or child support grants of their own children and/or grandchildren.

A KI from Manxeba mentioned that some parents living in the cities, send their children to attend schools in these rural villages without sending the social support grant card with to their grandparents or primary caregivers. Subsequently, supporting and feeding these adolescents is done by means of the grandparents 'old age' grant. There were comments about the misuse of the foster grant", stating that "...even if the children are getting a foster grant, they are people who are taking it from them, leaving those kids not anything". A KI from Blue Gums village felt strongly that people depend too much on the social grants, contributing to the high unemployment rate.

Table 3.5: Reported utilisation of the social child support grant according to the key informants (n=8) and adolescents (n=50)

In-depth interviews	Focus group discussions	
Key informants	Female adolescents	Male adolescents
<p>"Not all of the children receive social grants because they don't have birth certificates"</p> <p>"The social grant money is not enough and as a result it comes to the situation whereby the children experience hunger"</p> <p><i>Female KI from Manxeba</i></p> <p>"...It helps them buying their basic needs and some of them use the social grant on unnecessary things for example alcohol, phone or airtime"</p> <p><i>Female KI from Manxeba</i></p> <p>"... All people depend on social grants" <i>Male KI from Blue Gums village</i></p>	<p>"...The social grant is helpful"</p> <p>"...Our parents buy food, clothes but some of them buy alcohol"</p> <p>"...We do not receive grants because we come from Lesotho"</p> <p>"Parents with our social grant money they buy fancy clothes for them without us getting any"</p> <p>"...They use it for transport"</p> <p>"...Some off them they use it useful, but others buy alcohol"</p> <p>"...They are very selfish"</p> <p>"People like swag"</p> <p>"Others they do buy food for their children"</p> <p>"Buy alcohol."</p> <p>"...Give it to their boyfriends"</p>	<p>"...It helps parents to be able to buy food and clothes"</p> <p>"...Some parents use the social grants in a good manner, whilst others use them in a bad manner for example buying alcohol, fancy clothes, doing unnecessary credits and so forth"</p>

Obtaining the CSG also required some input from the parents or caregivers, since 80% of adolescents indicated that there was no grant pay point close to where they lived. One of the adolescents mentioned that they do not qualify for a grant since they are "from Lesotho". Often people from Lesotho have been living in Sterkspruit for a long time, but because they do not have identification documents (IDs) do not qualify for the CSG. Ninety per cent (n=45) of adolescents indicated in the questionnaire that there was no Home Affairs office close by where community members could apply for IDs.

The last section of the questionnaire contained questions including basic household needs as well as luxuries. A list of basic household facilities can be seen in Table 3.6. A comparison was made between male and female adolescents who own cell phones, since airtime was mentioned as an item often bought with the CSG. The majority (n=42; 84%) of adolescents owned a cell phone. There were no significant difference between male and female adolescents concerning ownership of cell phones ($p=0.436$).

The last section of the self-administered questionnaire aimed to identify what services were available in the village where adolescents lived. Only 20% (n=10) indicated that they were living close to a "grant pay point".

Table 3.6: Basic household facilities available in adolescents' (n=50) households in Sterkspruit

Household facilities	Female		Male		Total		p-value
	(n=18)		(n=18)		(n=50)		
	n	(%)	n	(%)	n	(%)	
Electricity ^c	31	96%	18	100%	49	98%	1.000
Hot water ^c	3	9%	1	6%	4	8%	1.000
Freezer ^c	18	56%	12	67%	30	60%	0.470
Flush toilet ^b	11	34%	5	28%	16	32%	0.631
VCR ^b	10	31%	6	33%	16	32%	0.880
Computer ^c	9	28%	2	11%	11	22%	0.287
Gas stove	25	78%	14	78%	39	78%	1.000
Tumble dryer ^c	9	28%	2	11%	11	22%	0.287
Radio ^c	23	72%	16	89%	39	78%	0.287
Alarm ^b	12	38%	5	28%	17	34%	0.486
DSTV ^c	16	50%	9	50%	25	50%	1.000
Motor vehicle ^c	13	41%	9	50%	22	44%	0.565
Fridge ^c	29	91%	17	94%	46	92%	1.000
Microwave ^c	20	63%	12	67%	32	64%	1.000
Washing machine ^b	22	69%	14	78%	36	72%	0.495
Electric stove ^c	29	91%	15	83%	44	88%	0.654
TV set ^c	28	88%	15	83%	43	86%	0.692
HI-FI ^b	15	47%	12	67%	27	54%	0.178
Kitchen sink ^b	9	28%	5	28%	14	28%	0.979
Sewing machine ^c	9	28%	2	11%	11	22%	0.287
Telkom ^c	7	22%	2	11%	9	18%	0.459

Data is presented as a proportion and were compared using Pearson's chi-squared test^b as well as the Fischer's exact test^c

* A p-value of < 0.05 was considered significant

3.3.2 The high unemployment rate

The high unemployment rate emerged frequently during the interviews and FGDs as one of the barriers towards the realisation of adolescents' right to food. One KI from Sterkspruit explained that the low socio-economic environment in combination with the lack of education amongst the adults, contributed towards the high unemployment rate, resulting in hunger in the community. A female KI from Manxeba emphasised that adolescents often experience hunger when coming from households where parents, especially the women, were unemployed. Adolescents mentioned that due to the high unemployment rate and limited income, some of their friends might have gone without food for days, if it weren't for the food provided by the schools nutrition programme (Table 3.7).

Table 3.7: The high unemployment rate as a reason for adolescents to experience hunger

In-depth interviews	Focus group discussions	
Key informants	Female adolescents	Male adolescents
<p>“The reason why adolescents experience hunger is because their parents don’t have jobs” (<i>Female from Manxeba</i>)</p> <p>“...It is due to the high unemployment of the females that can lead to that (hunger) because they are not working, they are not having source of income, they are not getting anything...” (<i>female from Manxeba</i>)</p> <p>“...Yes they do experience hunger because of high unemployment.” (<i>Male from Blue Gums</i>)</p>	<p>“..... No work, no money, no food. That is an old saying in IsiXhosa”</p>	<p>“...Unemployment and financial problems”</p>

3.3.3 The high crime rate and adolescents’ involvement in criminal activities

From interviews with the KIs and through FGD with the adolescents, it became apparent that crime was another main issue, which affected adolescents. A KI from Sterkspruit town, suggested that to address and improve food security, the government should not only implement programmes such as food gardens, but that people such as government officials or programme managers need to monitor these initiatives. Many programmes were hampered by theft and vandalism of both property and resources, resulting in the inadequate implementation thereof, affecting the beneficiaries’, including adolescents’, nutritional intake.

Some adolescents felt that crime was so common due to the high unemployment rate as well as peer pressure experienced by adolescents (Table 3.8). The FGD held with a group of male adolescents (age 15-19 years) regarded crime as a pressing matter as they even requested at the end of their discussion that future researchers must rather focus on crime. Crime was regarded as a daily issue and their community would benefit from addressing the problem.

Table 3.8: Reasons for increased criminal activities amongst adolescents

Focus group discussions	
Female adolescents	Male adolescents
<p>“Peer pressure of doing crime in this community.”</p>	<p>“Crime is also the other problem that we face in this community.” “Money it may cause people to do criminal offences (stealing, raping) and so forth.”</p>

The last section of the self-administered questionnaire included 'police station' as an option to choose of facilities close to the homes where adolescents lived. The majority (n=47; 94%) indicated that they did not have a police station close by where they could report criminal offences.

3.3.4 Punishment as a possible cause of adolescents experiencing hunger

Adolescents from different FGDs said that if they were disobedient or failed to execute a task as 'ordered' by their parents or caregiver, the parent or caregiver would often punish them by sending them to school without food for the day. A male adolescent (category 10–14 years) remarked: "another issue that may be the problem resulting in hunger, it is child abuse (for example corporal punishment) whereby a child is punished for not being able to do some domestic work".

A female adolescent from the same age category said: "Sometimes, when you did something wrong, your parents will punish you by withholding meals from you. That means you have to go to school on an empty stomach and experience hunger the whole day".

3.3.5 Female adolescents practice sex trading to attain food security

Adolescents made known that sex trading were a common occurrence amongst female adolescents who often experienced hunger or lived in poverty. They would work as sex workers in return for money, food or shelter. A female adolescent from the age category of 15-19 years, shared that young females will have "old boyfriends of age 50 or so, providing them with shelter and food in return for sexual intercourse". Another female adolescent from the same group stated that "there are a lot of sex workers in this community because of hunger". These risky sexual behaviours put the adolescent female at risk for early, teenage pregnancies.

3.3.6 Teenage pregnancies affecting female adolescents' right to food

Unplanned pregnancies can force female adolescents to leave school to look after their children.

"Teenage pregnancy might be the social problem that can affect the right to food for adolescents and according to my understanding it would be difficult for a child to be responsible for her own child because she isn't working, in order to provide food." (*Female KI from Manxeba*)

One of the female adolescents (from the age category 15-19 years) made the statement that when adolescents come from a households in poverty, where no one is earning any income, and one then has to leave school, the number of individuals that need to be fed are increasing. Another female adolescent then also stated that "teenage pregnancy does affect

children's right to food, because the family is going to increase now". It was also alleged that adolescent pregnancy could be another contributing factor to the high prevalence of child-headed households, which is further discussed in section 3.6.

3.3.7 School nutrition programme and vegetable gardens promoting the adolescent's right to food

Schools were identified by the participants as playing a vital role in facilitating the adolescent's right to food, as this was where those who did not receive food at home received their only plate of food for the day, which was provided by the school nutrition programme. When the focus group participants were asked whether they knew of anyone or have friends that go through a day experiencing hunger, one female adolescents from Blue Gums responded: "Yes, but because there is a feeding scheme, it is helping them a lot". One adolescent mentioned a school to contribute to fulfilling their right to adequate food by ensuring that the school nutrition programme included a variety of food items in the weekly menu.

The school was also seen by both the adolescents and the KIs, as the area where children were educated on food gardens and agriculture, however not all schools had vegetable gardens. It was further identified by one of the KIs that those schools situated in the surrounding villages, but not in the centre of Sterkspruit, were the schools having difficulty with the successful implementation of food gardens. This was due to the so-called 'long distances' that programme managers responsible for the facilitation of such initiatives had to travel to get to these schools to provide them with the resources

3.3.8 Availability of water as a basic human right

Water is a basic human right, which is necessary for personal hygiene and thus, also impacts on food security. For this reason the availability of water was investigated in the self-administered questionnaire. Only 22% (n=11) of the adolescents had water available inside their homes whereas the majority (54%, n=27) indicated that piped water was available within their own yard (Table 3.8). There was also no significant difference between the means of water accessibility and gender (p=0.556).

Table 3.9: Different level of service available for the provision of household water, according to residential location of adolescents (n=50) living in the Sterkspruit area

Variable	Town** n (%)	Village*** n (%)	Total n (%)
Piped water inside of house	6 (12%)	7 (14%)	13 (26%)
Piped water outside house, in own yard	13 (26%)	13 (26%)	26 (52%)
Piped water, shared tap amongst few households	3 (6%)	4 (8%)	7 (13%)
Water tanks available	2 (4%)	1 (2%)	3 (6%)
No safe water available close by	1 (2%)	0	1 (2%)
TOTAL			50 (100%)
p-value*	<i>p=0.816</i>		

Data is presented as a proportion and were compared using Pearson's chi-square test

* A p-value of < 0.05 was considered significant

**Town: All adolescents residing in Sterkspruit town

***Village: All adolescents residing in surrounding areas including Blue Gums, Shkisazana, Meyi and Mboniswani

3.4 THE PERCEPTIONS OF THE REALISATION OF THE RIGHT TO FOOD ACCORDING TO KEY INFORMANTS AND ADOLESCENTS IN THE STERKSPRUIT AREA OF THE SENQU SUB-DISTRICT, EASTERN CAPE PROVINCE

Through the in-depth interviews with KIs and the focus group discussions with adolescents, insight was gained about perceptions regarding the realisation of adolescents' right to food. Concepts identified were related to hunger because of food insecurity, the variety of food consumed by adolescents in these communities, adolescents' involvement in agricultural activities, adolescents' access to agricultural resources at household level and their own interpretation of the effect of child-headed households in the community. These concepts will be reported in the following section.

3.4.1 Hunger because of food insecurity

Most adolescents stated that they have experienced hunger at some stage in their life, having or knowing other community members who face this issue daily, thus indicating that the adolescent's right to food was, at some stage, violated. The adolescents described hunger as "feeling dizzy", "having your stomach make funny sounds", "feeling as though one wants to collapse because you have no energy" or "having stomach cramps". (Table 3.9)

Table 3.10: Responses of adolescents (n=50) living in Sterkspruit regarding their experience of hunger

Focus group discussions	
Female adolescents	Male adolescents
“Feeling dizzy”	“Hunger might leave people to collapse”
“Having your stomach make funny sounds”	“It feels weak and stomach have cramps”
“Feeling as though one wants to collapse because you have no energy or having stomach cramps”	“You feel weak and don’t want to do anything”
“Hunger is when you are hungry and you don’t have food to eat”	
“Hunger is whereby you don’t have enough energy to do anything because you are hungry”	

When looking at the quantitative data obtained from the self-administered questionnaire, 12% (n=6) of the adolescents indicated that they sometimes experienced not having any food available at home due to a lack of money. Sixteen percent (n=8) indicated that they sometimes only had access to one food source at home. A further 14% (n=7) indicated to have experienced hunger at some stage before in their lifetime (Table 3.10).

Table 3.11: Comparing household food availability as indicated by adolescents (n=50) living in Sterkspruit

Food availability	Female (n=32)		Male (n=18)		Total (n=50)		p-value
	n	(%)	N	(%)	n	(%)	
No food at home	5	(16%)	2	(11%)	7	(14%)	0.250
One food source at home	7	(22%)	1	(6%)	8	(16%)	0.231
Feeling hungry often	5	(16%)	3	(17%)	8	(16%)	1.000

Data is presented as a proportion and were compared using Fischer’s exact test

*A p-value of < 0.05 was considered significant

3.4.2 Variety of food consumed by adolescents

The adolescents expressed the opinion that parents failed to provide them with enough and nutritious food, causing adolescents to be food insecure. Adolescents were of the opinion that parents did not recognise the importance of a variety of food to be eaten daily and would rather first ensure that their own personal desires were satisfied.

The self-administered questionnaire included a series of questions, asking adolescents about their food intake the previous day by choosing from a set of options. For instance, adolescents were asked to indicate which type of vegetable they consumed the previous day. The possible option to choose were from were carrots, cabbage, cauliflower, beetroot, dark green leafy vegetables, mirogo, onions, peas, pumpkin and or tomatoes.

The data reflected that adolescents mostly ate bread and rice from the starch food group, chicken as a source of animal protein and cabbage, onions and carrots were the most common vegetable items to be eaten from the vegetable food group. Adolescents mostly ate oranges, bananas and apples from the fruit food group. There was a significant difference between female and male adolescents' consumption of bananas ($p=0,018$), with 44% ($n=14$) of female adolescents eating bananas compared to only 11% ($n=2$) of male adolescents eating it.

Peanuts were the most popular item from the seeds and legumes group with milk as the most common dairy product consumed by adolescents. The variety of food items habitually consumed by adolescents is summarized in Table 3.12 according to the groups of food, comparing male and females' intake. The food items were grouped as starch, animal protein, vegetables, fruit, seeds and legumes or dairy.

Table 3.12: A comparison of the different food items consumed between male and female adolescents from the Sterkspruit area ($n=50$)

Food item	Female ($n=32$)		Male ($n=18$)		Total ($n=50$)		p-value
	n	(%)	n	(%)	N	(%)	
Starch ^c	32	(100%)	17	(94%)	49	(98%)	0.360
Mealie meal ^b	13	(41%)	3	(17%)	16	(32%)	0.081
Bread ^b	20	(63%)	13	(72%)	33	(66%)	0.486
Rice ^b	14	(44%)	6	(33%)	20	(40%)	0.470
Potatoes ^b	13	(41%)	4	(22%)	17	(34%)	0.187
Pasta ^c	2	(6%)	2	(11%)	4	(8%)	0.612
Animal protein ^c	31	(97%)	15	(83%)	46	(92%)	0.127
Beef ^c	6	(19%)	1	(6%)	7	(14%)	0.398
Afvall ^c	3	(9%)	0	(0%)	3	(6%)	0.544
Fresh fish ^c	2	(6%)	0	(0%)	2	(4%)	0.530
Tinned meatballs	0	(0%)	0	(0%)	0	(0%)	-
Chicken ^b	21	(66%)	11	(61%)	32	(64%)	0.075
Mutton ^c	3	(9%)	2	(11%)	5	(10%)	1.000
Tinned fish ^c	7	(22%)	2	(11%)	9	(18%)	0.459
Vegetables ^c	31	(97%)	16	(89%)	47	(94%)	0.291
Carrots ^c	17	(53%)	7	(39%)	24	(48%)	0.388
Cauliflower ^c	1	(3%)	0	(0%)	1	(2%)	1.000
DGLV ^a	4	(13%)	0	(0%)	4	(8%)	0.283
Onions ^b	19	(59%)	5	(28%)	24	(48%)	0.032
Pumpkin ^c	5	(16%)	4	(22%)	9	(18%)	0.705
Cabbage ^b	18	(56%)	7	(39%)	25	(50%)	0.239
Beetroot ^b	7	(22%)	1	(6%)	8	(16%)	0.131
Mirogo ^c	0	(0%)	1	(6%)	1	(2%)	0.360
Peas ^c	3	(9%)	2	(11%)	5	(10%)	1.000

Food item	Female (n=32)		Male (n=18)		Total (n=50)		p-value
	n	(%)	n	(%)	N	(%)	
Tomatoes ^c	9	(28%)	2	(11%)	11	(22%)	0.287
Fruit ^c	27	(84%)	17	(94%)	44	(88%)	1.000
Oranges ^b	19	(59%)	10	(56%)	29	(58%)	0.793
Apples ^b	10	(31%)	6	(33%)	16	(32%)	0.880
Pears ^c	5	(16%)	0	(0%)	5	(10%)	0.145
Grapes ^c	2	(6%)	1	(6%)	3	(6%)	1.000
Peaches ^c	0	(0%)	1	(6%)	1	(2%)	0.360
Banana ^b	14	(44%)	2	(11%)	16	(32%)	0.018*
Naartjies ^c	10	(31%)	2	(11%)	12	(24%)	0.170
Berries ^c	1	(3%)	1	(6%)	2	(4%)	1.000
Seeds and legumes ^b	22	(69%)	9	(50%)	31	(62%)	0.190
Dried beans ^c	4	(13%)	0	(0%)	4	(8%)	0.283
Seeds ^c	3	(9%)	2	(11%)	5	(10%)	1.000
Tinned beans ^c	4	(13%)	2	(11%)	6	(12%)	1.000
Peanuts ^c	13	(41%)	5	(28%)	18	(36%)	0.540
Lentils ^c	3	(9%)	1	(6%)	4	(8%)	1.000
Dried peas ^c	1	(3%)	1	(6%)	2	(4%)	1.000
Group 6-Dairy ^b	22	(69%)	9	(50%)	31	(62%)	0.190
Milk ^c	12	(38%)	6	(33%)	18	(36%)	0.768
Yoghurt ^c	9	(28%)	1	(6%)	10	(20%)	0.073
Cheese ^c	2	(6%)	0	(0%)	2	(4%)	0.530
Amasi ^c	9	(28%)	3	(17%)	12	(24%)	0.497

Data is presented as a proportion and were compared using Pearson's chi-squared test^b as well as the Fischer's exact test^c

* A p-value of < 0.05 was considered significant

^aDark green, leafy vegetables

As seen in the table above, food items were grouped according to six different food group categories namely starch, animal protein, vegetables, fruit, seeds and legumes and dairy. Female and male adolescents' variety of intake were then compared, testing whether there were any significant difference between male and female adolescents and the total variety of food categories consumed. A significant difference existed ($p=0.035$) proving that females enjoyed a wider variety of food items than male adolescents (Table 3.12), since 50% ($n=16$) of females enjoyed food from all six food groups, but only 13% ($n=4$) of male adolescents ate from six different food groups. The majority (44%; $n=8$) of the male adolescents ate from only four different food groups.

Table 3.13: A comparison of the variety of food items consumed between male and female adolescents from the Sterkspruit area (n=50)

Total Food Groups	Female (n=32)		Male (n=18)		Total (n=50)		p-value
	n	(%)	n	(%)	n	(%)	
0	0	(0%)	1	(6%)	1	(2%)	p=0.035
1	0	(0%)	0	(0%)	0	(0%)	
2	1	(3%)	0	(0%)	1	(2%)	
3	2	(6%)	1	(6%)	3	(6%)	
4	4	(13%)	8	(44%)	12	(24%)	
5	9	(28%)	1	(6%)	10	(20%)	
6	16	(50%)	7	(39%)	23	(46%)	
Total	32	(100%)	18	(100%)	50	(100%)	

Data is presented as a proportion and were compared using Fisher's exact test

* A p-value of < 0.05 was considered to be significant

Only 2% (n=1) of adolescents reported not eating food from the school nutrition programme and 72% (n=36) indicated daily participation in the school nutrition programme. The remaining 26% (n=13) of adolescents reported that they often received food from the school nutrition programme. The reason for them not participating daily was not prompted in the questionnaire but during the focus group discussion, a female adolescent mentioned that food wasn't always available at the school's nutrition programme.

3.4.3 Adolescents' involvement in agricultural activity

KIs and adolescents felt that the Department of Agriculture plays a big role in the realisation and fulfilment of the community and adolescents' right to food. When asked whether adolescents were interested in producing their own food, one male KI from Blue Gums village stated that "children are not interested in doing any sort of food gardens. I know no child who is doing any sort of farming activities."

A male KI from Blue Gums, responded with a tone of sadness, indicating that adolescents were not interested in doing any farming activities. He sounded sad that the adolescents did not share their parents dream of them being able to farm. A female KI, also from Blue Gums village, supported this statement. She said "the children show no interest in food gardens and they don't receive the encouraging programmes for children". A female KI from Manxeba was adamant that adolescents are not involved and showed no interest in farming activities as "...they don't want to garden. They just want the produce." She explained that even though government does supply the seeds for vegetable gardens, it is not being used. Adolescents and community members also did not respond well in the past when they were invited to participate in agrarian activities such as "making small plots at the clinic", however everyone wanted to benefit from the crop as soon as it was ready.

The adolescents on the other hand said that they were interested but that they got no support from their parents to participate in farming activities. They also said that it was difficult when attending school, saying they do not have time to “spend in the fields with cattle” or to look after a vegetable garden.

According to the self-administered questionnaire the minority (38%; n=19) of adolescents indicated that they did not have any family members who owned cattle, which was intended for household usage. The rest of the adolescents (62%; n=31) did have such family member or a close relative. The availability of livestock is often seen as contributing towards household food security. Table 3.14 below reflects that the livestock mostly available for slaughtering purposes were chickens and cows.

Table 3.14: Comparing male and female adolescents' access to livestock available to households as indicated by adolescents living in Sterkspruit area (n=50)

Livestock available	Female(n=32)		Male(n=18)		Total(n=50)		p-value
	n	(%)	n	(%)	n	(%)	
Cattle contributing to household food security ^b	20	(63%)	11	(61%)	31	(62%)	0.923
Cows ^b	12	(38%)	9	(50%)	21	(42%)	0.390
Goats ^b	11	(34%)	5	(28%)	16	(32%)	0.631
Donkeys	0	(0%)	0	(0%)	0	(0%)	-
Chicken ^b	18	(56%)	10	(56%)	28	(56%)	0.962
Geese	0	(0%)	0	(0%)	0	(0%)	-
Sheep ^c	9	(28%)	4	(22%)	13	(26%)	0.746
Horses ^c	0	(0%)	1	(6%)	1	(2%)	0.36
Pigs ^b	6	(19%)	3	(17%)	9	(18%)	0.854
Turkeys ^c	1	(3%)	0	(0%)	1	(2%)	1.000
None ^c	1	(3%)	5	(28%)	6	(12%)	0.018

Data is presented as a proportion and were compared using Pearson chi-square^b test and Fisher's exact test^c

* A p-value of < 0.05 was considered significant

Furthermore, no statistical difference existed between the area where adolescents reside and the availability of cattle contributing to household food security purposes (p=0.382). Only 17 (34%) adolescents living in close-by villages had cattle and 23 (46%) adolescent residing in Sterkspruit town owned or had a relative who owned cattle for consumption purposes.

When looking at the means for agricultural activities, thus referring to the available resources necessary to grow crops, it was found that 12% (n=6) of adolescents did not have any resources (i.e. garden, use of tyres, land) available to start crops for producing food. Table 3.15 indicates the available resources predominantly used, as reported by the adolescents, for agrarian activities contributing towards household food production.

Table 3.15: The comparison between female (n=32) and male (n=18) adolescents living in the Sterkspruit area, on the availability of agricultural resources

Agricultural resources	Female(n=32)		Male(n=18)		Total(n=50)		p-value
	n	(%)	n	(%)	n	(%)	
Tyres ^{a,c}	0	(0%)	1	(6%)	1	(2%)	0.360
Field ^c	5	(16%)	3	(17%)	8	(16%)	1.000
Garden ^c	6	(19%)	3	(17%)	9	(18%)	1.000
Grazing land ^c	7	(22%)	3	(17%)	10	(20%)	0.730
Water ^b	18	(56%)	10	(56%)	28	(56%)	0.962

^aOld tyres are often used as an alternative to make seed and plant beds where there is limited space for gardening

Data is presented as a proportion and were compared using Pearson chi-square^p test and Fisher's exact test^c

* A p-value of < 0.05 was considered significant

The adolescents had to indicate the type of crops/vegetation that they grow or have available, that is also seen as food that could possibly add to the adolescents' household food situation by selecting multiple answers from the questions asked. Almost half (n=26; 52%) indicated to have fruit trees in close proximity. Most (n=21; 42%) were growing maize and less than a third of the adolescents indicated growing vegetables (n=13; 26%), thus affecting the possible intake of vegetables by adolescents and their families.

Nearly half of the adolescents residing in Sterkspruit town (n=23; 46%) had access to agricultural activities as opposed to a third of the adolescents residing in villages (n=17; 34%). There was a significant association between the area where adolescents reside and the availability of means for agricultural activities (p=0.034). The majority of adolescents (n=23; 46%) who were living in Sterkspruit town had access to agricultural activities, where only 34% (n=17) adolescents who lived in surrounding villages (including Blue Gums-, Manxeba-, Meyi-, Shkisazana- and Mboniswani village) reported to have access to agricultural resources.

3.4.4 Adolescents' understanding of the existence of child-headed households in the community

The self-administered questionnaire revealed that eight per cent (n=4) of the male adolescents indicated that they lived in households without any adult present (Blue Gums village: n=3, Sterkspruit: n=1). Two of them, in the age category 15–19 years, lived alone with no siblings. The other two (age category 10–14 years) lived in child-headed households with two and three siblings, respectively.

Both KIs and adolescents felt that child-headed households have an effect on those adolescents' household food security. One female KI from Manxeba said that in "child-headed families—it may affect the child who is responsible for the others in the household".

A female KI from Blue Gums village mentioned that “child-headed families is the main problem that affect the children’s right to food and the children end up cooking for themselves”.

3.5 THE PERCEPTION OF ADOLESCENTS AND KEY INFORMANTS REGARDING FEMALE ADOLESCENTS IN STERKSPRUIT AS VULNERABLE TO FOOD INSECURITY AND WHETHER THEIR RIGHT TO ADEQUATE FOOD IS BEING VIOLATED MORE THAN THAT OF MALE ADOLESCENTS

This research objectives aimed to identify whether female and male adolescents experienced any gender inequality considering meals consumed, availability of food and the school drop-out rate, which were previously identified as possible underlying factors contributing to adolescent food insecurity.

3.5.1 Adolescents’ experience on the gender dimension of the right to food

A female KI from Manxeba remarked that female and male adolescents did have different energy requirements; however, their right to food still remained equal and should not be affected by their requirements (Table 3.16). The KIs in general agreed that all adolescents have the same right to food irrespective of their gender.

Gender inequality was only mentioned by female adolescents who commented on the amount that was eaten by their male counterparts. However, there was no clear indication of gender inequality due to cultural beliefs (as expected) as most of the comments referred to the increased physiological requirements of male adolescents and their higher activity levels (Table 3.16).

Table 3.16: The differences in the right to food for male and female as regarded by key informants (n=8) and adolescents (n=50) in Sterkspruit

In-depth interviews	Focus group discussions	
Key informants	Female adolescents	Male adolescents
“It can’t be different, but yes, maybe the nutritional requirements, they differ within different age groups and categories, but everyone has the right to adequate nutritious food” (<i>Male from Sterkspruit town</i>)	“There are differences whereby boy must have their own amount of portion of meat” “It hasn’t to be that way a boy have to eat a small amount and the girl have to eat any amount of food they like it’s their own right to food and not about what amount of food you have to eat”	“It’s not different for boys and girls because we are equal”
“It’s not different for boys and girls” (<i>Male from Blue Gums Village</i>)	“Boys eat too much because they work hard”	
“Boys and girls must eat the same amount of food” (<i>Female from Manxeba village</i>)	“No its not different we all have to eat the same amount of food” “Yes it is different. Boys must eat more than girls” “It’s not a good thing for girls to eat more than boys” “Its normal for the boys to eat too much, because they are boys”	

3.5.2 The gender dimension of the primary caregiver in child-headed households

Gender inequality amongst adolescents in the Sterkspruit area was not explicitly discussed by adolescents as an underlying factor that could influence adolescents’ right to adequate food. Gender inequalities only became apparent as a possible problem when discussed in the light of the female as the caretaker of a household.

One female adolescent mentioned that in child-headed households, the eldest female member might have to become a “kitchen girl” [to earn money]. This income, however, is very small and might not be enough for the household thus implying that the female is seen as the caregiver of the household who needs to ensure that food is available for the younger siblings. Another female adolescent added that child-headed households do affect children’s right to food when the head of the child-headed household do not have adequate knowledge of adequate nutrition.

3.6 STEPS AND INTERVENTIONS TO FACILITATE THE PROGRESSIVE REALISATION OF THE RIGHT TO FOOD OF ADOLESCENTS IN STERKSPRUIT AS PROPOSED BY KEY INFORMANTS AND ADOLESCENTS

During the in-depth interviews with the KIs and focus group discussions with the adolescents, participants were asked who they considered responsible for ensuring that

adolescents received enough of the correct food and who they thought was helping to promote adolescents' right to food in their community. KIs and adolescents were also asked to describe any programmes aimed at reducing hunger implemented at the stage the research was conducted.

3.6.1 Government's obligation towards adolescents' right to adequate food

The KIs and adolescents were asked how they saw the role of Government in the progressive realisation of the adolescents' right to food. A KI from Manxeba emphasised that continued support and monitoring by existing bodies (such as environmental health officers) should be done more often and more effectively, since the surrounding villages are often neglected when follow-up is crucial (Table 3.16). The KI from Sterkspruit supported this opinion and further stated that proper monitoring systems needed to be put in place when implementing programmes and projects aiming at addressing food security (Table 3.17).

The adolescents identified a need for improved systems creating more work opportunities for their parents ensuring them of a steady income and for improved support of sustainable actions such as food gardens, which would also facilitate the progressive realisation of their right to food (Table 3.17). Adolescents provided suggestions on what they thought Government should do to address food insecurity, namely increasing the child support grant, increasing work opportunities in their communities and increasing food parcels being handed out. One adolescent suggested that more sustainable programmes and projects, such as food garden projects aimed at reducing food insecurity, should be implemented (Table 3.18).

Table 3.17: The role of Government in realising adolescents' right to adequate food as perceived by key informants (n=8) and adolescents (n=50) in Sterkspruit

In-depth interviews	Focus group discussions	
Key informants	Female adolescents	Male adolescents
"...Environmental managers, they must come and visit and give health education about the importance of having a project, about gardens at home, to prevent hunger at home, prevent malnutrition. Because malnutrition here at Joe Gqabi is very high. Children die from severe malnutrition" <i>Female from Manxeba</i>	"Open doors (job opportunities) in order for our parents to work and provide us with any sort of needs."	"Tender programmes must be reduced" (<i>Tender referring to tenures/lease for example of land for agrarian activities.</i>) "Food gardens must be promoted/produced"

Table 3.18: Suggestions provided by key informants (n=8) and adolescents (n=50) on what they thought government could do to reduce food insecurity in Sterkspruit

In-depth interviews		Focus group discussions	
Key informants		Female adolescents	Male adolescents
<p>“Government must provide the children with food, clothes and the social grant increases” <i>Female from Blue Gums village.</i></p> <p>“I think government, as much as government should provide the adequate resources and material, they should even go a step further and try to monitor, exactly what is going on in community. There are challenges in places where government does provide something, then there are people who come to steal or vandalise the things.” <i>Male from Sterkspruit town.</i></p>		<p>“Increase the social grant” “Create more job opportunities” “Government must supply each community with seeds” “Government must supply community with food parcels” “Create more job opportunities” “People should start their own projects” “Government must increase social grant”</p>	<p>“They must encourage us on how to eat and to make our own food, and also consult our parents on how they must use the social grants” “Crime abuse must be reduced” “An increase in the social grants” Job opportunities must be created” “School nutrition programmes whereby parents sells vegetables to schools”</p>

KIs and adolescents were asked what their existing knowledge was at the time of the in-depth interviews and focus group discussions on the programmes addressing their right to food. The male KI from Blue Gums village mentioned the distribution of food parcels as one form of food insecurity relief programme, however, also mentioned the instability of the implementation thereof and that only certain families benefitted and not the community as a whole (Table 3.19). The school food garden was the only sustainable project mentioned by one of the female adolescents from the focus group discussion.

Table 3.19: Existing actions implemented by government to address the right to food for adolescents, according to key informants (n=8) and adolescents (n=50) in Sterkspruit

In-depth interviews		Focus group discussions	
Key informants		Female adolescents	Male adolescents
<p>“Some of the people do receive food parcels but not all of them. When the food parcels arrive we normally have to give the food to the number that was provided and the rest remains having nothing so they might receive the food parcels only after 3–4 months, leaving them with nothing for time being.” <i>Male from Blue Gums village.</i></p>		<p>“...yes, we have a food garden here at school.”</p>	<p>“Government only targets the services in town not in the communities that we live in.” (this refers to the villages surrounding the Sterkspruit town)</p>

When asking the KIs who they thought were the responsible person or body to ensure they receives adequate food, some of the KIs felt that Government is the responsible body that

has to ensure adolescents receive food, food parcels and that basic necessities like school clothes should be added. Only one KI mentioned that parents are responsible to ensure adolescents' right to food is being met (Table 3.20). Additionally, some said that community health workers, as well as environmental health officers, should also facilitate the right to adequate food.

When the adolescents were asked the similar question, various people were mentioned (Table 3.20). The general feeling amongst the adolescents was that government is responsible, but also their parents and social workers. Other community members were also included amongst the 'responsible people', such as counsellors and mayors. One male adolescent from Blue Gums (age category 10–15 years) complained that 'counsellors' weren't doing their job, helping to ensure that their right to food is being recognised. The school also came into discussions when another male (age category 15–19 years) criticised the place where they received meals at schools as not being suited for cooking purposes and not conducive to enjoying their meals.

Table 3.20: The responsible person to ensure that adolescents receive adequate food as perceived by key informants (n=8) and adolescents (n=50) from Sterkspruit

In-depth interviews	Focus group discussions	
Key informants	Female adolescent	Male adolescents
<p>"Government must provide the children with food parcels and it is every bodies responsibility, more specially the parents" (<i>Female from Manxeba village</i>)</p> <p>"Councillors must be responsible for the adolescents' right to food to be realised and their ward committee, children don't have a responsibility to provide themselves with food. The parents are also responsible and anyone who is capable of helping" (<i>Female from Blue Gums village</i>)</p> <p>"The government needs to empower the adolescents. I think that is fundamental and yes they should be made aware and educated in ways that, to be able to sustain themselves." <i>Male from Sterkspruit.</i></p> <p>"Parents have the right to make sure that the children receive enough food" (<i>Female from Manxeba village</i>)</p>	<p><u>Category 10 – 14 years:</u></p> <p>"Government is responsible"</p> <p>"Parents and social workers"</p> <p>"...Mayors and counsellors must be responsible"</p> <p>"...The president should be responsible."</p> <p>"Our parents should be responsible."</p> <p>"Counsellors should be responsible."</p> <p>"...Social workers"</p> <p>"...No we don't have any responsibilities"</p> <p><u>Category 15 – 19 years:</u></p> <p>"social workers"</p> <p>"..The Government should be responsible"</p> <p>"Our parents or any guardian that are staying with you"</p> <p>"...Our teachers should be responsible"</p>	<p><u>Category 10 – 14 years:</u></p> <p>"Government and the parents must be responsible for the right to food" and "the counsellors are not doing their job"</p> <p><u>Category 15-19 years:</u></p> <p>"The place whereby we do receive food, it's not well built and it gives us a problem when it is raining. There are no actions taken by government or the community in that condition"</p>

The following steps and interventions necessary for the facilitation of the progressive realisation of the right to food of adolescents in Sterkspruit were proposed by key informants and adolescents. One of the main suggestions made by adolescents was that the provision of work and career opportunities for their parents could serve as a means to address food insecurity thereby facilitating the realisation of the right to adequate food for the adolescents. Agriculture as an intervention to facilitate the realisation of the right to food for adolescents was discussed previously in section 3.5.3. Key informants and adolescents felt very strong that agricultural activities could serve as a solution to supporting food security, contributing to the progressive realisation of the right to food of adolescents in Sterkspruit, Senqu sub-district. An adolescent suggested that presenting a rally or a workshop about adolescents' right to adequate food, would help to promote the child's right to food amongst the members of their community. She mentioned that people enjoyed attending workshops.

When reporting on the previous aims, it became apparent that crime was a big obstacle for the adolescents (refer to section 3.4.3), affecting their food security and influencing their right to food. The suggestion made by one of the male focus group members was that something should be done to reduce the crime rate.

Lastly, it was suggested by the adolescents that the social grants should be increased, as what they currently received was not enough. Some of the KIs on the other hand felt that the grant only created a dependency and that it was misused, thus not contributing towards addressing any human rights. More of the suggestions proposed by KIs and adolescents are mentioned in Table 3.21.

Table 3.21: Suggested interventions proposed by key informants (n=8) and adolescents (n=50), for the fulfilment of the progressive realisation of the right to adequate food for adolescents

In-depth interviews	Focus group discussions	
Key informants	Female adolescents	Male adolescents
<p>"In my opinion if the community can do food gardens in order to prevent hunger" (<i>Female from Manxeba village</i>)</p> <p>"If everyone can work together...government as well as communities working together, making sure that all services are taken to the people at the right time and targeted at the right people" (<i>Male from Sterkspruit town</i>)</p> <p>"Government must reduce the tender thing, it doesn't give the community any access to make money for them in order to feed their families" [<i>Tender referring to lease contracts—the local community cannot compete for their own land</i>] (<i>Male</i>)</p>	<p>"Government must supply each community with seeds." "Government must also supply community with food parcels"</p> <p>"supply us with seeds"</p> <p>"Create more job opportunities...."</p> <p>"People should start their own projects"</p> <p>"Yes, you can plant vegetables like carrots, butternut, tomatoes and sell them"</p>	<p>"Government must put an increase into social grants"</p> <p>"Provide parents with food parcels"</p> <p>"Provide schools with enough teachers"</p>

from Blue Gums Village)

“Government must provide the children with food, clothes and the social grant increases” (Female from Manxeba village)

“Because our village they don’t have (food gardens) in our catchment area they don’t have school gardens, because it is dry” Female from Manxeba village

Section 5 of the questionnaire requested adolescents to indicate which ‘services’ were available in their separate villages, to serve as an indication of what resources are available and provided by the government and local municipalities (Table 3.22).

Table 3.22: Local services available in Sterkspruit and surrounding villages as indicate by adolescents (n=50)

Services	Female		Male		Total		p-value
	(n=32)		(n=18)		(n=50)		
	n	(%)	n	(%)	n	(%)	
Primary school ^c	25	78%	13	72%	38	76%	0.735
Clinic ^c	19	59%	11	61%	4	8%	1.000
Shop ^b	21	66%	9	50%	30	60%	0.279
Post office ^c	8	25%	5	28%	13	26%	1.000
Grant pay point ^c	8	25%	2	11%	10	20%	0.295
Bus ^c	10	31%	1	6%	11	22%	0.072
Street market ^c	8	25%	1	6%	9	18%	0.130
Church ^b	12	38%	5	28%	17	34%	0.486
Traditional healer ^c	15	47%	11	61%	26	52%	0.388
Hospital ^c	5	16%	3	17%	8	16%	1.000
Police station ^c	3	9%	0	0%	3	6%	0.544
Home affairs ^c	4	13%	1	6%	5	10%	0.642
Train ^c	1	3%	0	0%	1	2%	1.000
Minibus ^b	22	69%	10	56%	32	64%	0.351
Market place to sell food ^b	22	69%	14	78%	36	72%	0.485

Data is presented as a proportion and were compared using Pearson chi-square^b test and Fisher’s exact test^c

* A p-value of < 0.05 was considered significant

The above-mentioned results reflect the opinions and perceptions of key informants and adolescents from Sterkspruit. KIs and adolescents had some insights of human rights; however, the right to adequate food was less understood. Barriers do exist preventing the right to food of adolescent being realised. Amongst these barriers, agriculture was identified as one of the main contributors to facilitate the progressive realisation of adolescents’ right to adequate food. KIs and adolescents had strong opinions regarding the role and

responsibilities of the government and other community members but did not fully accept their own responsibility as rights holders.

The conceptual framework on factors preventing adolescents' right to food as referred to in section 1.3 (Figure 1.2) was adapted to summarise the findings and according to the different levels of obligations and responsibilities. The findings of the study embraced the value of the envisioned contribution of a rights-based approach necessary to future provincial as well as national nutrition-related policy and programme development. KIs and adolescents' insight on adolescents' right to food, gave a better understanding of some of the problems experienced by the KIs and adolescents from Sterkspruit, Senqu sub-district, Eastern Cape province.

3.7 THE RESEARCHERS OBSERVATIONS

According to the researcher's observations, the goal of using FGD to elicit information from adolescents was achieved. The FGD of adolescents created a comfortable environment, made them feel safe, which ensured that they easily opened up in the discussion groups, even with personal information. This provided rich, personal data which was used in the results. Adolescents were very open and gave the impression that they enjoyed discussing these relevant issues as they are not often involved in such opportunities—being able to provide their opinions or participate in decision making.

CHAPTER 4: DISCUSSION AND FINDINGS

4.1 INTRODUCTION

This chapter serves to evaluate and interpret the findings reported in the results chapter. These are reported in line with the objectives, which refer to the conceptual framework of factors preventing adolescents' right to food being realised from Section 1.3 (Figure 1.2). Preventative and promoting factors are each discussed in the light of the *Voluntary Guidelines to Support the Progressive Realisation of the Right to Adequate Food in Context of National Food Security*⁴⁹ (and will be referred to as 'Voluntary Guidelines' or VG in this chapter). This is done in order to understand how the factors are each contributing to the progressive realisation of the right to food. The different levels of the obligations of duty bearers and the responsibilities of rights holders will also be discussed. Finally, the chapter will conclude with the suggestions made by key informants (KIs) and adolescents for the facilitation of the right to adequate food for adolescents in the Sterkspruit area of the Senqu sub-district, Eastern Cape province.

4.2 OBJECTIVE: TO DETERMINE WHICH FACTORS PREVENT OR PROMOTE THE FULL REALISATION OF THE RIGHT TO FOOD, ACCORDING TO ADOLESCENTS AND KEY INFORMANTS IN THE STERKSPRUIT AREA OF THE SENQU SUB-DISTRICT, EASTERN CAPE PROVINCE

The universality of human rights principles means that the violation of any human right such as the right to health, education or life affects the right to food.²⁵ Factors preventing adolescents from enjoying an adequate diet are seen as possible barriers impacting adolescents' food security, thus resulting in the right to food being violated. These barriers often prevent individuals, their households and community's right to food to be progressively realised, preventing all members' access to sufficient food and an adequate diet, leaving them food insecure.²⁵

4.2.1 The inappropriate utilization of the child support grant

General comment 12, Article 11 of the International Covenant on Economic Social and Cultural Rights (ICESCR) clearly states that the right to food imposes three levels of obligations on a government—to respect, protect and fulfil the right to food of vulnerable population groups ensuring adequate access to safe and sustainable food.²⁶ When an individual and/or group is unable to enjoy their right to food, for any reasons beyond their own control, government has the obligation to fulfil that right directly.⁶

One way a government can ensure meeting the three levels of obligation is through the provision of food aid^e as a form of social protection.^{6,24} The social support grants are examples of programme food aid, providing a grant or loan, aiming to support poverty alleviation.⁶ Particularly, the child support grant is a form of aid serving as an important instrument aimed at ensuring the social protection of children.^{6,21,47} This support to parents facilitates the right of the child to sufficient food by meeting their basic need for a minimum living standard, which includes their right to food.

The *Voluntary Guidelines* identified the ways which food aid could be instrumental in facilitating the progressive realisation of the right to food through empowering the poorest to build sustainable livelihoods.^{6,49} Though food aid does not necessarily have these positive outcomes implied, it identifies that the potential does exist under the right circumstances.⁶ An executive summary (2012) compiled by United Nations Children Fund (UNICEF) together with the Department of Social Development on the impact of the South African Child Support Grant (CSG), supports food aid as a suitable instrument for facilitating the realisation of the right to food.⁸⁰

This study reflected the positive outcome the CSG had in the form of cash transfers as an important instrument for social protection in South Africa. The CSG reaches more than 10 million children every month.⁸¹ The CSG is an intervention to protect children's right to adequate standard of living. South Africa's social grant programme is seen as one of the most comprehensive social protection systems in developing countries. It is, therefore, essential that the expenditure thereof by recipients should be implemented accordingly to ensure that the right to an adequate standard of living, including the right to food, is progressively realised by all.¹¹²

Even though social protection programmes are expanding in developing worlds as proposed by the United Nations Food and Agriculture Organisation (FAO), disparities amongst areas exist, with the lowest coverage in the regions where the poverty incidence is the highest.²⁴ The lack of facilities in remote areas to distribute CSG effectively, such as home affairs offices and grant pay points is an example of this problem and needs to be addressed. Adolescents in this study reported living far from grant pay points as well as from the home affairs offices. Having facilities closer to villages and small towns will enable adolescents and families to apply for social grants more easily, making the attainment of the CSG more accessible. The same will apply if more grant pay points are available and accessible especially in rural areas. One of the requirements for the right to adequate food includes

^e There are three types of food aid: programme food aid, project aid and emergency relief⁶

physical accessibility. Physical accessibility is often tied to economic accessibility, which means that the availability of money is necessary to obtain food. Failing to have facilities accessible for providing the CSG, thus directly affects the right to adequate food. Access to social grants should also be looked at and considered to ensure that all adolescents eligible for a CSG, gets one to facilitate the realisation of their rights, since errors of exclusion^f exist.¹¹²

National surveys determined that children who have been exposed to the CSG exceeding 50% of their early life, had significant improvements in their nutritional status.¹¹² Also, exposure to the CSG showed to have an impact by reducing sexual activity, thus resulting in fewer numbers of sexual partners.⁸¹ The strengthening of the early roll-out of the CSG is crucial to support the progressive realisation of the right to food.

Even though the social security system implemented in South Africa could be a point of reference to other countries; the programme still has gaps, needing expansion to reach more people. South Africa focuses on unconditional cash transfers. The FAO states that the success of cash transfer programmes depends on how well programmes reach their target groups. The effectiveness of the CSG as an instrument to reduce poverty will depend on the efficacy of implementation and roll-out to communities.²⁴ Furthermore, the CSG as a cash transfer should be seen as a contributing tool to impact rural communities positively. Cash transfers increase the buying power of people living in poverty, contributing to concentric circles of economic growth.¹¹³ It is for this reason that the government needs to take extensive measures in ensuring an improved system for the roll-out of the CSG, to ensure the progressive realisation of the adolescents' right to food.

4.2.2 The high unemployment rate

The KI's concern regarding the 'so-called' dependency the CSG creates could be because of the remarkable unemployment rate. Unemployment appears to be one of the main causes why adolescents experience hunger, according to the key informants (KIs) and focus groups. According to a combined report by UNICEF and the South African Human Rights Commission (SAHRC), 51% of children in the Eastern Cape province live in households with no employed household members.⁹⁹ The interrelatedness of the different human rights is strongly highlighted here, since the effective realisation of the right to work has a crucial relevance in the realisation of the right to food for all.¹¹⁴ The right to food entails accessibility, implying economic access to adequate food or means for its procurement. People suffering from malnutrition or experiencing hunger, are less able to participate in the economy.¹¹⁴

^f Poor people who do not benefit¹¹²

The unemployment rate (UR) of the Eastern Cape province, as determined by the Quarterly Labour Force Survey (QLFS), quarter 4, was estimated to be 29.1%, positioning the Eastern Cape province as the province with the second highest unemployment rate in SA during 2014.¹¹⁵ Furthermore, the expanded unemployment rate (EUR), as described by STATSSA (2015), is 42.5% in the Eastern Cape province, which is the highest EUR in South Africa.

It is important to note that these rates exclude employment in agriculture and private households since the quarterly employment survey only contains information on the number of employees forming part of South Africa's formal employment sector. It therefore does not give a precise estimate of how many people are unemployed. The difference between the UR and the EUR is that the UR includes people who are actively seeking employment opportunities, but have not yet been employed, where the EUR refers to the people in society who are able to work, but unemployed and have not taken any action to look for work.¹¹⁶ Therefore, it could be argued that the KI's statement describing people from the Sterkspruit community who are dependent on the social grants, is supported by the high EUR unemployment rate. The possibility exists that caregivers did not realise their responsibility as duty-bearers towards the full realisation of the adolescents' right to food. As they were not actively seeking informal or formal employment opportunities, they cannot hold the government accountable entirely for the high unemployment rate. On the other hand, one could construe that perhaps caregivers have given up seeking for work due to the low- or non-existing employment possibilities, to take care of the household instead. Whatever the case may be, in this instance the rights-holders still have a responsibility to claim their right, but it is the government's obligation to ensure that the right to work is seen as a method facilitating the right to food and that adolescents' right to a basic living standard is achieved.¹¹⁷

Furthermore, the quarterly labour force survey revealed that the Eastern Cape province province was amongst three of five provinces where there were more job opportunities in non-metropolitan⁹ municipalities than in the metropolitan areas with a 25 000 job increase since January 2015 to June 2015. Thus, the government has been taking action in addressing the high unemployment rate in South Africa with a focus on rural areas. However, Senqu municipality's unemployment rate far exceeds the countries average (25%) with 46%, as indicated by the Integrated Development Plan for Joe Gqabi (2014/15).¹¹⁹ It can be argued that the provincial or municipal government has thus not done enough for the specific area where the research was conducted.

⁹ Non-metropolitan municipality consist of district and local councils.¹¹⁸

The lowering of the unemployment rate has been envisioned by the South African Government since 1996. It was called the *Accelerated and Shared Growth Initiative for South Africa* (ASGISA) in 2005 that was aimed at reducing poverty. Currently, the unemployment rate stands at 25% in 2015 indicating only a 3% decrease in 10 years.¹²⁰ Due to the inefficient implementation of these policies, the development of the *National Development Plan* (2013) Vision 2030 was introduced as South Africa's long-term development roadmap.¹²¹

When looking at possible employment possibilities in South Africa, the expanded public works programme (EPWP) implemented by government on account of the Growth Development Summit (GDS) in 2003, is an example, highlighted by the Special Rapporteur with significant potential, especially in the sustainable agricultural system. However, only 134 agrarian-related projects were registered under the EPWP programme out of 16 869 projects. The goal of the EPWP was set out as an initiative to "provide poverty relief through temporary work for the unemployed, carrying out socially useful activities".²⁴ One of the outcomes listed by the EPWP was to ensure "decent employment through inclusive economic growth". In the Senqu sub-district where the research took place, only four projects were listed as food production. The rest of the projects were all listed as home based carers, early childhood development programmes and old aged centres.¹¹⁹ Very few of the current EPWP programmes are income generating, thus not contributing towards economic growth nor sustainable progress.

When looking at other countries' experience with poverty, Brazil is probably the country most useful to compare with South Africa, even more so the Eastern Cape province, which has much to learn from.¹¹³ Brazil has experienced economic growth combined with decreased levels of inequality. Examples of strategies implemented which South Africa could learn from were that of the decrease in wage differentials, the reduced rate of inequality in education, the increase in the spatial and sectorial integration of labour markets in both metropolitan and non-metropolitan areas as well as the improved directed non-contributory government transfer. Brazil further established that 30% of the food purchased for the school nutrition programme included in Brazil's *Zero Hunger* strategy, had to come from small family farms, encouraging local empowerment. This resulted in 313 million euros being put back into communities.¹²²

It was suggested by the Special Rapporteur on the right to food to encourage governments to make programmes such as the *Zero Hunger Strategy* legal entitlements and not just policy options. Through making programmes legal entitlements, permanency is ensured.¹²² It is imperative that the unemployment problem be addressed, without having to expand

employment in the public sector to unsustainable levels for the progressive realisation of the right to food by the South African government.⁶¹ Furthermore, programmes such as the EPWP and National Schools Nutrition Programme (NSNP) should start to focus not only on a form of social security by providing incentives, but focus and build towards creating an income through sustainable measures, contributing to communities' economic growth and empowerment.⁶¹

4.2.3 Crime rate and adolescents' right to adequate food

Poverty forces people to use coping mechanisms to survive.⁹⁵ Coping strategies sometimes include certain behavioural changes, which in some instances drive people to engage in criminal activities to ensure that food is put on the table.⁹⁵ In this study, KIs and adolescents both responded that crime is a reality in their communities, having a negative impact on their communities. Adolescents revealed that often peer pressure forces them to engage in criminal activities, to get hold of money to buy food, or theft of food produce from small farmers or gardening projects. Such minor criminal offences can cause serious tension and even manifest in vigilantism and violent conflict, which could result in attempted murder, murder or arson.¹¹⁷

A contributing factor to the reported increased crime incidence could be the unavailability of police stations in these areas as indicated by the adolescents. According to the South African Police services (SAPS) there is one police officer for every 346 citizens in South Africa.¹²³ The unavailability of police protection services makes it difficult for communities and especially adolescents to fight crime and report criminal offences, which affects their basic standard of living, including their right to food. "Governments that have established a right to adequate food under their legal system should inform the general public of all available rights and remedies to which they are entitled" as stated in the VG 7 (7.4).⁶ If the government understands and realises its obligation, it should address the issue of available security services by addressing criminal behaviour. Communities and individuals will then have a reciprocal responsibility to report criminal offences, claiming their right, in order for government organisations to address it.

4.2.4 Punishment results in adolescents experiencing hunger

Punishment still plays a big role in communities justified because it is "part of African culture".¹²⁴ Emotional punishment is described as "any action of adults to deliberately cause emotional distress to children in the name of 'discipline'".¹²⁵ Adolescents reported that the withholding of food from them by parents and caregivers was one of the common forms of punishment and one of the main reasons for adolescents to attend school hungry. Withholding food from adolescents as a form of punishment directly violates their right to

food and repeated incidents could lead to malnutrition in this vulnerable population group. The *Convention on the Rights of the Child* (CRC, 1989) highlighted that such punishment is unsuitable.²²

Punishment of adolescents should be done in a lawful and humane manner, respecting human dignity.¹²⁴ The disciplining of adolescents should follow the approach of negotiation, involving adolescents to participate in setting limits, consequences and rewards, empowering children to give them a sense of taking responsibility for their own actions rather than violating their right to food.^{124,125}

4.2.5 Female adolescents practice sex trading to attain food security

Sex trading amongst female adolescents who live in poverty and often experienced hunger enjoyed considerable attention in this study. The occurrence of transactional sex in Sub-Saharan Africa, have been documented in research done in other fields. Although it is in a different context, Skinner reported on the practice of transactional sex and alcohol as a currency in South African drinking venues.¹²⁶ The same principle applied to this research as well.

Transactional sex is often associated with a large age difference between partners¹²⁹ and was explicitly mentioned by female adolescents in this study. Sex in exchange for food, shelter or other goods (money, alcohol, clothes or cosmetics) clearly infringes on more than one human right. However, transactional sex should be interpreted in context. When transactional sex is practiced as a social activity or for the bartering of alcohol or non-life sustaining goods (cosmetics or drugs) as discussed in previous studies,¹²⁶ the individual should be held accountable for his/her own actions. However, when sex trading is practiced due to the need to acquire life-sustaining goods such as shelter, food or clothing, it is the parents and caregivers and ultimately the government that should be held accountable.

It is the duty of parents and caregivers of adolescents to ensure their safety. It includes adolescents to be fed and clothed, ensuring adolescents' human dignity is maintained and that they are empowered and protected from putting their health and life at risk.⁴ There is a notion that if the right to food for children and adolescents is realised and addressed appropriately, risky behaviours could subside, preventing adolescents from being exposed to transactional sexual relationships.^{25,78}

4.2.6 School nutrition programme and vegetable gardens promoting adolescents' right to food

The National Schools Nutrition Programme (NSNP) is one of the strategies to improve food security as it contributes towards adolescents' right to food through providing them with nutritious meals daily. Nevertheless, since sustainable access to food is a key to realise the right to adequate food progressively, the success of the NSNP is questioned due to the unequal implementation, inconsistent provision and sub-optimal utilisation of funds.¹¹²

The school food garden project is an important component of the NSNP, for the purpose of producing its own food as well as developing the skills of learners. It is necessary for schools participating in NSNP to implement food production initiatives to enhance sustainability.⁵⁶ In particular school food gardens can contribute to the sustainability of the NSNP at outlying schools, as identified by KIs and adolescents that food gardening projects were often only implemented at schools and clinics within close or direct proximity of the Sterkspruit town.

Contrary to the findings of this study, the NSNP's annual report for 2013/14 showed the implementation of the NSNP exceeded the expectations nationally. However, the Eastern Cape province had only one school (1/23 schools from eight provinces) which received an award for the successful implementation of food garden projects.⁵⁶ Having only one successful school food garden in the province is insufficient for the realisation of the right to food of adolescents in the Eastern Cape province and all over South Africa.

The success of the school food garden programme depends on the available agricultural resources to support schools to sustain their food gardens.⁵⁶ In the event where resources are provided by non-governmental organisations (NGOs) in the form of financial and technical support, few remain sustainable after the withdrawal of support.¹²⁸ This was allegedly due to communities' unwillingness to continue without the support, not embracing change and challenges, and being unwilling to change their old lifestyles.¹²⁹

South Africa can associate with a study done in Lesotho about the role of non-governmental organisations in sustainable development, which indicated a lack of decentralisation of management being the cause of unsustainability of contributions.¹²⁹ It is necessary that successes and failures of NGO-driven projects and programmes be analysed.

If the South African Government can encourage local production where community members can work for themselves, it is envisioned that school nutrition programmes can contribute more than just a daily meal to adolescents, but also provide their families with a source of income. This will enable households to earn an income and facilitate food security.⁶¹ The

obligation on the government to take relevant steps in order to respect, protect and promote all adolescents' right to food imposes a responsibility on all duty-bearers.^{21,23} It is, therefore, necessary that communities, schools, teachers and learners realise their responsibility in working towards sustaining school food garden programmes, which could contribute to sustainable development of their communities. The monitoring of a few school nutrition programmes in the different provinces by the Department of Basic Education (DBE) facilitated a better outcome during 2013/14. VG 17 specifically provided for the monitoring of the right to food aspect for the progressive realisation of the right to adequate food.

The main obligation to ensure the success of the food gardens depends on both governments' fulfilment of its obligation and the community's realisation of their responsibility and willingness to implement change and behaviour change. This supports the need for strengthening process indicators, which is needed for monitoring the right to food aspect of the NSNP.⁵⁸ Monitoring of the NSNP in the context of the right to food implies that achievements need to be evaluated against the goals set out for the NSNP and whether the desired goals were reached.⁵⁸ An example of this will be that if corruption accounts for the unavailability of funds to buy adequate food for the NSNP, the government needs to be held accountable by the rights holders. Furthermore, individuals and communities should take up their responsibility as active participants in the NSNP initiative working together towards sustainable development.

4.2.7 Availability of water

Water contributes to the right to health, an adequate living standard as well as the right to adequate food, thus making the provision of safe drinking water a core obligation.⁴⁹ Participants in this study reported a lack of piped water inside houses/dwellings. This finding is in line with the *General Household Survey* (2014)⁵¹, which reported that the Eastern Cape province was regarded as the province where households had the poorest access to water in South Africa in 2014.⁵¹ A report by the Southern African Social Policy Research Institute (SASPRI) supported the above finding stating that 88% of people living in the Transkei as a former homeland, still experienced living environment deprivation^h in 2014.¹³²

The availability of safe drinking water in the Senqu sub-district is often compromised and should be addressed. Programmes have been implemented to ensure that the maximum number of households (81%) received safe, adequate water in 2013. However, this number decreased in 2014 to 79%. Strengthening the monitoring of policies and programme

^h Living Environment Deprivation is the percentage of total population who have inadequate water supply, or sanitation, do not use electricity or live in a shack.¹³⁰

implementation is needed in order to identify problems and successes, especially in the light of the right to food.⁵⁸ VG 8C (8.11) provides for the universal access to sufficient quantities and quality of water, which is necessary for life.⁴⁹ According to the *Covenant on Economic Social and Cultural Rights* (CESCR), the right to water is more than just the availability of drinking water. Fair access to water is necessary to disadvantaged and marginalised farmers (women and men) to prevent malnutrition, starvation and ill health.¹³¹ KIs and adolescents indicated the unavailability of water to sustain agrarian activities as one of the main factors limiting their involvement in agricultural activities. Water is needed to sustain life of livestock, and ensure successful growth of crops. In settings where livelihoods are dependent on sustainable farming and agrarian activities, the right to water is protected and promoted in General Comment 15.^{5,88}

The above information serves as an indication of attempts towards the progressive realisation of the right to food but with several gaps. Voluntary Guideline (VG) 17.1 specifies that the government should have monitoring mechanisms in place to be able to evaluate the implementation programmes aimed at the progressive realisation of the right to adequate food.⁴³ This guideline is in accordance with the World Food Summit commitment for governments to establish the *Food Insecurity and Vulnerability Information Mapping System* (FIVIMS) as a way to identify specific groups and households at risk for food insecurity. FIVIMS suggests that governments should develop and identify corrective measures to be implemented immediately as well as progressively to “provide access to adequate food”.⁴⁹ Even though South Africa has adapted the FIVIMS to suit the South African situation, no commitment have been made and implemented. Through this research and available statistics, such as the decreasing numbers in household water access, it is clear that the progressive realisation is not in place. The rights-holders need to realise their responsibility and become active participants in the facilitation of their right to food, reporting any form of human rights violations in order for the government to facilitate the redress mechanism in their obligation towards the fulfilment of the adolescents’ right to adequate food.

4.3 OBJECTIVE: TO INVESTIGATE THE PERCEPTIONS OF THE FULFILMENT OF THE RIGHT TO FOOD ACCORDING TO THE ADOLESCENTS AND KEY INFORMANTS IN THE STERKSPRUIT AREA OF THE SENQU SUB-DISTRICT, EASTERN CAPE PROVINCE

4.3.1 Hunger as a result of food insecurity

KIs and adolescents reported that food insecurity of adolescents from these communities was one of the major contributors to adolescents experiencing hunger. The violation of the

right to be free from hunger could be a contributing factor to female adolescents participating in transactional sex and male adolescents' involvement in criminal activities, to enable them to get money to buy food to eat.

Food insecurity exists when adolescents' have a limited or inconsistent availability of nutritionally adequate and safe foods.⁸ As mentioned before adequate food must be economically as well as physically accessible.^{1,6} Economical availability of food accounts for all people to be able to afford healthy, safe food necessary for an adequate diet. This should be possible without people having to compromise any other basic needs, such as school fees, medicines or rent for accommodation. Physical accessibility means that food should be accessible to all, including to the physically vulnerable, such as children. Physical accessibility must be guaranteed to people living in all areas, including the rural, remote areas.¹ It is necessary for a person to live in conditions that allow him or her to either produce food or buy it.²⁵ According to the ICESCR and the CRC, as well as the Constitution of South Africa, the progressive realisation of the right to food is the responsibility of the government. It is therefore their responsibility to ensure the availability, accessibility and adequacy of food.^{4,21,22} It is important to note that this does not mean that the Government needs to hand out free food. It is the government's responsibility, however, to ensure conditions allowing people to buy or produce food.²⁵ To be able to produce food, people need land, seeds, water and equipment. The government thus has an obligation to provide enabling conditions. However, it is expected of individuals to contribute towards meeting their own needs, through their own efforts and using the resources when available, to the best of their ability. Government needs to provide food directly, only when vulnerable population groups are unable to feed themselves.²⁵ The VG 10 focused mainly on nutrition and stated in VG 10.3 that governments "should involve all relevant stakeholders, in particular communities and local government, in the design, implementation, management, monitoring of the implementation of the progressive realisation of the right to food and evaluation of programmes through well-defined monitoring frameworks".⁴⁹

4.3.2 Adequacy and variety of food consumed by adolescents

Article 18(1) of the CRC explicitly states that "parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern."²⁶ It is the responsibility of the parent or caregiver to provide for the adolescent in a manner that supports their developing abilities.²² The CRC²² as well as the SA Constitution⁴ both makes provision for this in the human rights treaty stating that:

“Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present Convention.” (Article 5 of the CRC)²²

The GC 14 on the rights of the child concerns having his or her best interest taken as a primary consideration, describe the concept of the child's best interests, including embracing the child's physical development.¹³² Physical development requires the realisation of the right to adequate food since physical development of the child is impossible without adequate nutrients.^{22,25,132}

A varied diet is necessary to ensure that adolescents get all the necessary nutrients for an adequate diet.¹³³ Adolescents also reported not to be involved in choosing their food themselves, but having to eat what was offered.

Quantitative data reflected an inadequate variety of food items consumed by adolescents living in the Sterkspruit area. Adolescents indicated they mostly enjoyed food from the starch food group, animal proteins and vegetables, with a moderately low level of dairy intake. They reported that they sometimes do not have access to more than one or two food items per day, most likely from the starches food group, reflecting an insufficient availability of a variety of food. However, the significant difference of the variety of food items consumed indicated that male adolescents consumed a smaller variety of food.

The NSNP is supposedly responsible to ensure that children get at least one proper meal every day.¹³⁴ This has a great impact on their daily food intake. One of the aims of the implementation of the NSNP was to contribute towards children and adolescents' best interest for physical development, ensuring the provision of nutritious meals to children.¹³³ A variety of food items should be included to ensure that adolescents get all the nutrients required to maintain a healthy nutritional status, enhancing their learning capacity through nutritious school feeding and strengthening of nutrition education.

The KIs and adolescents shared the view that adolescents were not provided with adequate food in their diet provided by their parents and caregivers. It was sensed that parents and caregivers used the grant on unnecessary non-life sustaining goods before ensuring that adequate food was available for the adolescents. Providing healthy, adequate meals through the NSNP daily is not always possible due to the fact that variety of items provided by the

NSNP is often limited to dry and tinned food goods. Since adequate food also includes food to be safe, quality and safety of meals provided by the NSNP should be a prioritised. An incident in 2014 resulted in more than 100 adolescents admitted to a hospital in Limpopo after a serious case of food poisoning.¹³⁴

More concerning was the fact that adolescents in this research also mentioned that besides the meals not being 'healthy', they sometimes did not receive any meals due to a shortage of food supplies. In 2015, supporting the adolescents' concerns regarding the facilities and interrupted meal provisions, a complaint in the Eastern Cape province from adolescents going hungry due to misuse and mismanagement of the nutrition programme funds, was lodged by teachers' organisations.¹³⁵ VG 10 (10.10) makes provision that governments should "establish methods for promoting food safety (and) positive nutritional intake", thus through education and raising awareness (VG 11).⁴⁹ The maladministration and corruption of duty bearers are, therefore, seen as a direct violation of adolescents' right to food preventing the progressive realisation of adolescents' right to adequate food.

4.3.3 Accessibility of agrarian resources for adolescents

Access to agrarian resources is vital since it can affect the realisation of adolescents' right to adequate food immensely. The Childhood Institute reported in 2014 that 73% of children living in the Eastern Cape province lived in households that fell below the poverty threshold in 2012.¹³⁶

It is necessary that duty-bearers and rights-holders realise that social protection programmes are insufficient in moving people out of poverty and hunger.²⁴ Subsistence farming can play an important role reducing the extent of the vulnerability of both rural and urban food insecure households, improving livelihood and helping to alleviate high food price inflation.¹³⁷ Quantitative data reflected that more adolescents had access when residing in town, compared to adolescents residing in surrounding villages. This reflects the belief that support is often given to communities and groups in closer proximity of the Sterkspruit town.

As mentioned previously in section 4.1, schools participating in NSNP are required to implement food production initiatives given available resources. Failing to provide agrarian resources for schools aiding the implementation of food gardens successfully, as reflected by the KIs and adolescents earlier, was ascribed to the lack of resources, support and infrastructure.

In this study, discrepancies existed between KIs and adolescents in their viewpoint on adolescents' involvement in agricultural activities as a contributing factor to the realisation of

the right to food. KIs in this study indicated that adolescents showed no interest and were not involved in any agrarian activities. The latter defended themselves, claiming that they actually were interested but did not have sufficient support and guidance from parents and elders from the community. Adolescents said that it was due to their daily scholarly responsibilities that they did not manage to participate in any agricultural activities. One of the major problems identified for the lack of adolescents' interest and participation was the lack of available access to agrarian resources. However, very few adolescents residing in the rural villages did not have access to agricultural resources, as most of them reportedly lived in households where livestock was kept for household consumption and a large percentage of the households also had some form of crop cultivation.

There was no consensus by the participants in this study as to whose responsibility it was to ensure the successful implementation of agrarian programmes and projects at both the schools and in the community. Furthermore, the inclusion of water as a basic human right as a mean to sustain agrarian activity, should be considered for use in smallholder's agrarian activity, since water is necessary to prevent starvation of livestock.^{88,89}

South Africa, more specifically Sterkspruit and the rural villages surrounding it, can learn a great deal from other countries when households rely heavily on vegetable gardens as a source of income or food. Vegetable gardens maintained by women are often the most important source of cash income in Zimbabwe.¹³¹ Even though cash is needed to ensure financial accessibility of food, having access to their own gardens, had provided a safety net by ensuring access to household food during times of drought when food shortages developed.¹³⁸ If the women from Sterkspruit and surrounding villages could be empowered to produce healthy food in their own gardens and be taught how to use different water harvesting methods, it could help with households' food security. Enabling women in such a way is an example of the human rights-based approach (RBA) to development at work. The interrelatedness between the right to water, food and health in the case of women's gardens, suggests it is a powerful tool for poverty alleviation through the combined rights-based approach.¹³¹

Another success story from Nicaragua was an effort to reduce hunger and malnutrition, called the *Hambre Cero Programme*. This programme empowered rural women-headed households by providing them with vouchers they could utilise to procure resources such as farm animals, plants, seeds and other resources needed for agricultural activities. The programme was to improve their ability to produce food but needed some strengthened mechanisms for improved quality and transparency of the functioning of the initiative.¹³¹

When discussing the right to food and the role sustainable agriculture plays in the long term, it is necessary that emerging small-scale farmers should be supported, in essence to cope with the effects of climate change as well as resources scarcity.⁶¹ If small-scale agriculture is to be used as a sustainable poverty alleviating initiative, lessons learnt from Zimbabwe and the *Hambre Cero* programme from Nicaragua should be used. As stated by the Special Rapporteur on the right to food, public action should focus on applied agricultural models excluding high-cost inputs such as models for large-scale farming. The Special Rapporteur further noted that the more communities accept and rely on indigenous practises, the more likely successes were ensured.⁶¹

4.3.4 Adolescents' understanding of the role of child-headed households in the community

Child-headed households (CHH) were not regarded as one of the main social issues perceived by adolescents to affect their right to food. The *2006 General Household Survey* (GHS) report portrayed that less than 1% of children in South Africa lived in child-headed households. The number of adolescents living in CHH, as indicated in this study, was almost 12 times higher. It is clear that the percentage suffering under the circumstances of child-headed households should be a concern.

Children from child-headed households' rights and dignity are often compromised. Adolescents living under such conditions, deprived of their family environment, are thus deprived of adequate care and experience a compromised childhood.^{95,138} Adolescents from CHH are often deprived of their right to social security measures such as the CSG, due to the lack of knowledge or access to facilities offering these services. The value of the social security programmes lies in providing safety nets for vulnerable population groups and should ideally prioritise CHH to ensure improved outcome for health and education. If the government of should following the suggestions made by the Special Rapporteur on the right to food, with the aim on improving food insecurity and poverty, improved rural support such as mobile facilities could reach more adolescents, facilitating the progressive realisation of the right to adequate food.⁶¹

UNICEF identified the necessity of governments to recognise child-headed households legally, recommending that governments must develop legal and policy frameworks to be able to protect and assist such households.¹³⁹ VG 13 accounts for the support of vulnerable groups, in this case, child-headed households. VG 13.3 in particular states that governments should "include households and individual assets and income, nutrition and health status, as well as existing coping mechanisms when targeting assistance.

CHH are more vulnerable to their right to food being realised and should be protected by the government through means of safety nets.⁴⁹ Furthermore, the process of placements for children deprived of their family environment should be guided by a rights-based approach (RBA). Based on human rights principles, government is accountable for the realisation of the rights of children in child-headed households through various measures of protection and assistance. In doing so, the government fulfils its obligation in ensuring the progressive realisation of the right to food, as well as adolescents' right to an adequate living standard, social security and also the right to alternative care in the absence of family care.⁷¹ Adolescents living in CHH should hold the government accountable, claiming their rights. It is the right of the adolescents from all households to enjoy active participation in the enjoyment of their economic, social and cultural rights, including their right to food.

4.4 OBJECTIVE: TO EXPLORE WHETHER ADOLESCENTS AND KEY INFORMANTS REGARD FEMALE ADOLESCENTS IN STERKSPRUIT AS VULNERABLE TO FOOD INSECURITY AND WHETHER THEIR RIGHT TO ADEQUATE FOOD IS BEING VIOLATED MORE THAN THAT OF MALE ADOLESCENTS

When looking at the different roles of male and female adolescent in a household, and whether any gender-related inequalities existed, the only major concern was identified by the KIs. The KIs perceived the strong role of the female adolescents as carer, especially in the case where the female adolescent is also the mother. The adolescents identified a household be run by the female adolescent of the household more often, risking her rights to be violated.

The latest GHS (2014) suggests that females are at a higher risk of their right to education being violated, since 22% of females between the age of 7-24 years, compared to only 1% of male students, dropped out of school due to family responsibilities.⁵¹ As mentioned previously, the CRC protects all children's rights, making provision for their right to adequate food. A study done by the HIV Prevention Trials Network (HPTN) found, in a 3-year randomised control trial, that the implementation of conditional cash transfers for females attending school at a rate of 85% or higher, might have a great impact in secondary school settings where enrolment is low (like in rural settings).¹⁴⁰ It is unacceptable for any adolescent child to have to drop out of school to take a career as a domestic worker, forcing child labour to ensure the rest of the children in the household are being taken care of, when international law, as well as national law protects all children against such practises.^{4,20,136,141}

4.5 OBJECTIVE: STEPS AND INTERVENTIONS TO FACILITATE THE PROGRESSIVE REALISATION OF THE RIGHT TO FOOD OF ADOLESCENTS IN STERKSPRUIT AS PROPOSED BY KEY INFORMANTS AND ADOLESCENTS

KIs suggested duty bearers need to focus on sustainable practices to facilitate the achievement of adolescents' right to food. This includes the increase in food garden projects, improved service delivery and improved accessibility to certain resources necessary for sustainable development such as water for agricultural purposes. KIs identified the importance of programme and project monitoring.

The adolescents' contribution were just as substantial, since they identified the need for more 'obvious' resources needed for sustainable development, such as seeds, fertiliser and gardening equipment as well as the incrementing of the CSG. Another very important remark made was the need for the increased availability of teachers. Teachers can play a vital role in facilitating education in life skills, agricultural activities, and entrepreneurship. Schools should serve as the platform where adolescents receive education and be empowered to also realise their responsibility towards their right to adequate food,¹⁴² creating a conducive environment of developing the adolescent into self-sufficient adults who will one day be able to also make healthy decisions.¹⁴²

It is vital that adolescents be taught that every right has a responsibility, that their right to food involves them being active participants in food production. It is easy to shift blame to the duty bearers, rather than initiating self-sustaining initiatives. To ensure food security, it is necessary that production and acquisition should be equally prioritised amongst different ministries including finance, health and other governmental judiciary bodies, thus incorporating all duty bearers necessary for the progressive realisation of the right to food.¹⁴³ Additionally, the adolescents and the community members need to understand that the right to food does not merely imply the right to be fed. Even though different departments of the South Africa government are involved (refer to chapter 1, Figure 1.1) the government as primary duty bearer still lacks progressive realisation of the right to food. The reason for this is that disparities and inequalities still exists since not all citizens of South Africa are food secure. It is necessary that the duty bearers as well as the rights-holders start implementing the 'bottom-up' approach rather than the 'top-down' approach. This 'bottom-up' approach will entail duty bearers to implement human rights based-principles, working towards building capacity, assessing and determining priorities in line with the relevant communities' interests, and rights-holders should accept their responsibilities through active participation.

As mentioned before, in 2010 the Special Rapporteur on the right to food paid a visit to South Africa. He noted that even though South Africa has adopted the right to food in their constitution, the establishment of frameworks and a judiciary, as well as the forming of the South African Human Rights Commission disparities and inequalities continue to remain. It is for this reason that the reasons for disparities and inequalities need to be identified so that it can be addressed and improved upon. Improving the roll-out of the social protection programme, in unity with stronger agrarian interventionsⁱ, can influence poverty positively. The EPWP programme should focus more on providing income-generating activities. The legalising of programmes and policies ensures permanency thereof. Therefore, school food gardens together with community involvement in production can increase the buying power, facilitating sustainable economic growth or rural communities such as Sterkspruit from Senqu sub-district.

Likewise, the FAO further suggests the need for an improved unity between social protection programmes and agrarian programmes. Better coherence can facilitate the welfare of people and communities living in poverty through improved agricultural activity and outcome, with better risk management, leading to a sustainable income. For the progressive realisation of the right to adequate food for adolescents, duty bearers need to incorporate a rights-based approach toward programme development and implementation. Agrarian action and interventions need to be coordinated and integrated with social protection programmes.^{24,56}

ⁱ Kind transfers are a form of social protection providing social assistance, social insurance and labour market protection²⁴

CHAPTER 5: SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In this chapter the key findings and the conclusions of the study are summarised, followed by the consideration of the implications of the findings, acknowledgement of possible limitations of the study and a presentation of a set of recommendations for the progressive realisation of the right to food for adolescents from this area. The chapter concludes with comments on the significance of the study.

5.2 KEY FINDINGS FROM THE LITERATURE REVIEW

The literature review indicated that there is paucity of data addressing the progressive realisation of adolescents' right to adequate food in South Africa, but more specifically, in the Eastern Cape province. Poverty, rising food prices, child-headed households, household hunger and risky behaviour practised by adolescents are some identified factors contributing to the violation of adolescents' human rights.

Many policies and programmes addressing social issues that could possibly affect the right to food, are in place in South Africa. However, the successful implementation of policies, programmes and initiatives in the Eastern Cape province, has not been documented efficiently.

Problems concerning the health of adolescents and their nutritional status have received little attention, except for reproductive health concerns. The findings in this study proved the immense need for a rights-based approach for the progressive realisation of the right to adequate food. In order to ensure adolescents' right to food is realised, the government needs to recognise the different levels of obligation such as the obligation to respect, protect and promote. The government needs to take steps to ensure the maximum number of their resources available addresses these barriers and preventative factors in order to facilitate the progressive realisation of adolescents' right to adequate food. Their right to food can then be promoted through effective programme and project implementation, monitoring of programmes and projects, benchmarking from other case examples as well as capacity building of adolescents and their community as guided by the Voluntary Guideline no. 17.

5.2.1 Summary of findings

The qualitative data obtained through key informant (KI) interviews and focus group discussions) FGD with the adolescents, in conjunction with the self-administered questionnaire, revealed factors perceived to prevent or promote the full realisation of adolescents' right to adequate food. These factors included the high unemployment rate of adolescents' parents or caregivers, the co-existing effects of risky behaviours of adolescents because of poverty, including transactional sex, criminal activity and the continuous, unlawful implementation of punishment by adults. The lack of resources to facilitate agrarian activities as a means to maintain an adequate living standard was also identified as a preventative factor.

According to research, the National Schools Nutrition Programme (NSNP) and the Child Support Grant (CSG) are both initiatives promoting the right to food. However, due to the consistent disparities and inequalities, the progressive realisation of the right to food has not been achieved yet.

The schools participating in the NSNP are required to implement food production initiatives and should be provided with the necessary resources. The school food gardening programme serves as a pillar in developing adolescents' skills in the production of their own food, serving as a resource for teaching and learning. Without the food garden project to sustain the NSNP, the feeding scheme is not contributing towards teaching and learning adolescents and community members any skills and is, therefore, not sustainable.

The CSG was perceived by the KIs as undesirable since they were of the opinion that it only created dependency. This statement was opposed by the impact evaluation study done by United Nations Children Fund (UNICEF) and South African Social Security Agency (SASSA) in 2012, measuring the underlying programme impacts as the transformation between observed outcomes for the beneficiaries. This study reflected and supported the positive outcome the CSG has as an important instrument for social protection in South Africa.

An important problem that was raised was the lack of a Home Affairs offices and grant pay points in close proximity to where beneficiaries resided. This made it difficult for people to access these services. Having these facilities mentioned available in all communities will enable people from these communities to apply for grants sooner. This will be beneficial since literature supports that the earlier introduction has shown improved outcomes.

Other factors preventing adolescents from their right to food to be realised causes adolescents to experience hunger frequently, some more than others. Poverty and the lack

of food security caused adolescents to have an inadequate food intake, leading to the violation of their right to food. This was aggravated by the inadequate involvement of adolescents, schools, as well as communities to implement possible life sustaining agrarian activities due to the lack of resources.

Child-headed households (CHH) were not seen as one of the major issues by the adolescents even though the statistics showed a higher number of adolescents residing in CHH than what is average on a national level. This could be due to CHH often manifesting as a result of poverty, ill-health of parents or caregivers or teenage pregnancies, often leaving the adolescent child at great risk for their right to food to be violated in conjunction with their other children's rights.

Female adolescents were more likely to leave school at an early age due to family responsibilities since the female is often seen as the caretaker of a household. This could be indicative of discrimination against women if it would be expected of female adolescents due to social norms. Concerning the gender dimension of adolescents' right to food, the results showed a significant difference when comparing male and female adolescents' variety of food consumed. Male adolescent consumed food from fewer food groups than females.

A significant difference was observed when looking at the location where adolescents lived, reflecting that adolescents living closer to Sterkspruit town did have more access to agrarian resources. This could be indicative of discrimination against adolescents living in villages surrounding Sterkspruit town due to their location. If services supporting the provision of agrarian resources are not reaching them, it places the adolescents living in these areas at a greater risk for their right to food to be violated.

The adapted conceptual framework on preventative factors of adolescents' right to food, as referred to in section 3.6 (Figure 3.1), summarises the findings according to the different levels of obligations and responsibilities. These findings illustrate the value of the envisioned rights-based approach towards the necessary policy and programme development.

5.3 LIMITATIONS OF THE STUDY

The same sample of adolescents used for the focus group discussions were used for the completion of a questionnaire, which is seen as a relatively small sample size (n=50). Thus, the findings should not be regarded as representative of the adolescents in Sterkspruit or the Eastern Cape province.

There were more female adolescents who gave consent to take part in the research. This resulted in subjective experiences of male adolescents, which may be different, to reflect inaccurately.

The sample only included adolescents attending fee-free schools from rural villages in the Sterkspruit area of Senqu sub-district in the Eastern Cape province, with isiXhosa as their home language. The results of the study can thus not be compared to South African adolescents living in urban areas, adolescents from other culture groups or adolescents who does not attend fee-free schools.

No government officials were interviewed, thus only the perceptions of KIs and adolescents were interpreted. These interpretations included aspects such as the role of government in providing adolescents with adequate food, what government can do to reduce food insecurity, and what the government is currently doing to address the right to food for adolescents in their community.

Specific quantities of each food item consumed were not indicated in the questionnaire. There was therefore no clear indication available when looking at variables such as the amount of food eaten.

When asked which facilities were available close to adolescents' homes, specific distances from adolescents homes to facilities (such as grant pay points) weren't indicated in the questionnaire, thus no clear indication was available.

5.4 RECOMMENDATIONS

In this section, recommendations for the progressive realisation of adolescents' right to food will be discussed to provide practical guidance for the realisation of this right. Recommendations for possible future research is made in order to improve the progressive realisation of adolescents right to adequate food.

5.4.1 Recommendations for the progressive realisation of adolescents' right to food

Poverty is not necessarily only due to income restrictions, but also the lack of community involvement in empowerment programmes. Community members need to be role models for adolescents to contribute towards the human rights-based approach in facilitating the right to food. Their commitment towards the development of work opportunities, community involvement and community and household food garden projects is of greatest importance. The accessibility of tenures to land in the community, and action against crime (including minor criminal offences such as vandalism) needs to be addressed.

When addressing the problem of child-headed households, it is the obligation of government to ensure that adequate procedures are in place to ensure that the child's rights are protected and provided for. Better support is needed at household level, supporting adolescents as well as parents and caregivers and empowering them to utilise resources such as the CSG better. Adolescents and community members, including parents and caregivers must be educated on the rights and responsibilities towards the progressive realisation to adequate food. The child support grant systems should be monitored more efficiently to facilitate the progressive realisation of adolescents right to food.

Empowerment projects should aim at reducing the involvement of adolescents in risky behavioural activities such as criminal activities, gangs and transactional sex. Adolescents should be involved in community upliftment projects affecting their communities in a positive way.

Alternative strategies are needed to encourage capacity building of communities in a sustainable manner. These strategies need to be case specific, with the aim of poverty alleviation in specific communities.

5.4.2 Recommendations for future research

- There is a need for research addressing perceptions regarding possible factors that impact adolescents' right to adequate food in other population groups, including the population living in urban and peri-urban settings, with different socio demographic circumstances.
- Stakeholders such as government officials could be give deeper insight in the reasons behind the insufficient execution of existing programmes and should, therefore, be considered in future research opportunities.
- The imperative role of education and a better understanding of the right to adequate food could provide a better understanding of adolescents' knowledge on their right to food.
- Research exploring parents and caregivers' role in guidance as role models in adolescents' life and the contribution it has towards the progressive realisation to adequate food is needed.
- Likewise, it is necessary to investigate whether poverty alleviating projects towards the progressive realisation of the right to food, really does reduce risky behaviours amongst adolescents.
- The prevalence of child-headed households in rural and urban communities and whether they are at higher risk for their rights to be violated, could facilitate a better

understanding on how these households survive, ensuring the government's obligation that children from child-headed households maintain an adequate standard of living.

- Furthermore, an investigation is necessary whether duty bearers at government level have met their obligation towards the progressive realisation of the right to food as well as all other relevant rights.
- Since adolescents identified the impact of the high crime rate and the effect on their rights to attain an adequate standard of living, it is necessary that research be done to investigate this matter.
- Another strong recommendation was that perhaps in future studies, adolescents and groups could meet more than once prior to the data collection period. Spending more time with adolescents in their village could facilitate trust building and winning their confidence.
- With future research, perhaps district and provincial level government employees, as vital duty bearers, could also be interviewed to be able to get their point of view as well.

5.5 CONCLUSION

The progressive realisation of the right to food requires food being available, accessible and adequate. The ratification of Human Rights treaties is the first step in the direction of the progressive realisation. The inclusion of socio-economic rights in the South African Constitution envisages the restoration and transformation of a society experiencing divided and deeply unequal standards. The ratification of the International Covenant on Economic, Social and Cultural Rights (ICESCR) by the South African government on the 18th of January 2015, which took effect as of the 12th of April 2015, is a step in the right direction. However, continuous gaps exist.

The positive outcomes of the child support grant, the national schools nutrition programme and the availability of water in more than 70% of households in the Eastern Cape province is not enough for the progressive realisation of the right to adequate food for adolescents. Since preventative factors, including the high unemployment rate, crime, punishment and transactional sex of female adolescents still exist and food insecurity and poverty persist, drastic measures are needed before the progressive realisation of the right to adequate food can be achieved. The mere ratification of the ICESCR is only a small measure ensuring South Africa honours its international obligations. To consolidate its commitment to alleviate poverty and ensure social justice for all is not enough.¹⁴⁴

Agrarian activity and the national schools nutrition programme were seen as attempts to alleviate food insecurity, but even these programmes lack sustainable support due to the absence of reporting and monitoring systems in place. According to the HRBA principles, the government needs to ensure that policy development and programme implementation are done in accordance with these principles. These principles conclude that individuals and communities (adolescents in this case) should participate in decision-making.

Governments, as duty bearers, should be held accountable for their actions. Furthermore, it should be done in a non-discriminatory manner, including transparency between the duty bearers and rights-holders. The human dignity of rights-holders should be respected, protected and promoted in programme implementation, therefore empowering individuals and communities.

Rights-holders also often forget their responsibility as to reporting where duty bearers have failed. Only when rights-holders realise and implement their responsibility, can the rule of law and recourse mechanisms be put in place to ensure that the duty bearers rectify possible mistakes. However, to prevent this, the government as duty bearer needs to establish monitoring and benchmarks according to the Voluntary Guideline (VG) 17, towards the progressive realisation of the right to adequate food in the context of national food security. VG 17 (17.2) provides that the government should conduct a 'right to food impact study' to be able to identify the influence of national and provincial policies, programmes and projects, which aims at the progressive realisation of the right to adequate food.

The simple fact that poverty, food insecurity and the high unemployment rate still exist as well as the fact that female adolescents need to engage in transactional sex in exchange for food, is an indication that not all humans have physical or economic access to sufficient, safe and nutritious food.⁴⁹ The implementation of the rights-based approach by government, ensuring the monitoring of implementation by using human rights principles when addressing food security, can facilitate the progressive realisation of the right to food by the South African government as well as the adolescents and other rights-holders.

5.6 PERSONAL REFLECTIONS ON THE RESEARCH

The researcher have been working in the community for a few years. Since working in the community, she noticed the lack of available data related to nutrition status and food security of the community, especially concerning adolescents. Adolescents are often seen as a neglected group requiring intervention. Working as a health care professional, the researcher developed a passion for adolescents, wanting to help empower them and provide enabling conditions so that they can grow and develop as healthy, smart young adults. It was due to

the researcher's passion for adolescents, together with the identification of the lack of data as well as the lack of intervention to educate and promote adolescents in this specific community that the researcher decided to conduct this study. In so doing this neglected group was provided a voice.

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ADDENDA

Addendum A: Key informant invitation letter (English)

	STELLENBOSCH UNIVERSITY FACULTY OF HEALTH SCIENCES	
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Invitation letter

Dear Key Informant

I am a registered student at Stellenbosch University. As part of my Master's degree in Nutrition, I am inviting you to take part in my research in early 2014. I am interested in having an interview about your opinion on adolescent food security and adolescents' rights to food in this community.

Please read through all the papers received. Find attached the consent forms that need to be signed by you, should you decide to take part in the study.

I hope that you find my research of interest and that you are willing to participate in the research.

Yours sincerely,

Carla Yvonne Rousseau

M. Nutrition

Stellenbosch University

082 389 9414

carla.rousseau87@gmail.com

Addendum B: Key informant information leaflet and consent form (English)

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:

Perceptions about adolescents from the Sterkspruit area (Eastern Cape) regarding the factors that impact on their right to adequate food

REFERENCE NUMBER: S13/10/209

PRINCIPAL INVESTIGATOR: Carla Yvonne Rousseau

ADDRESS: 24 De Schmidt Street, Barkly East

CONTACT NUMBER: 082 389 9414

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

The study aims to gather information about adolescents' access to food and if they have enough food to be healthy and perform well at school. It is intended that this study can contribute to future, provincial as well as national, nutrition related policy and programme development. It is also predicted that the adolescents will gain insight on their human right to food from the research.

Why have you been invited to participate?

You have been selected on the basis that you are living in the Sterkspruit area and therefore have a good understanding of adolescents in your community who are able to attend one of the schools in the vicinity. The situation of adolescents between 10-19 years of age will be the topic of discussion. You are one of about 8 adults in the community who play an important role in the community who will participate in the study.

What will your responsibilities be?

It will be required of you to answer questions about adolescents' experience of being hungry. We will also talk about reasons why they are sometimes hungry and what you think can be done to make it better. If you decide to participate you will be contacted for an interview and you can then decide what date and venue will suit you.

Will you benefit from taking part in this research?

You will receive snacks and drinks during the discussion. Adolescents will benefit indirectly. The information will help the researcher and other health care workers to have a better understanding of some of the problems that the adolescents from this community experience. This knowledge will be useful in our work to better serve the community.

Are there any risks involved in your child taking part in this research?

This study involves no risk for you. You can speak in your own language since there will be a translator available. Nobody else will know about any of the information discussed. The consent forms with names on it will be used only by an authorized body of the Stellenbosch University Research Ethics Committee. All documentation will be destroyed 6 months after completion of research report.

Will you be paid to take part in this study and are there any costs involved?

No you will not be paid to take part in the study There will be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled *(insert title of study)*.

I declare that:

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressurized to take part.

I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests.

Signed at *(place)* on *(date)* 2014.

Signature of participant Signature of witness

Informed consent for the taping of the interview

I understand that this interview will be voice recorded to enable the researcher to accurately transcribe the interview. It has been explained to me that the recordings and all electronic documents will be stored safely and destroyed six months of completion of the research. I was given the opportunity to ask questions and all queries were explained to my satisfaction. I have been given a copy of the consent form.

.....

Participant name (Printed)

Date of birth

.....

Signature of participant

Date

Declaration by investigator

I (*name*) declare that:

I explained the information in this document to

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed above

I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2014.

Signature of investigator

Signature of witness

Declaration by interpreter

I (*name*) declare that:

I assisted the investigator (*name*) to explain the information in this document to (*name of participant*) using the language medium of Afrikaans/IsiXhosa.

We encouraged him/her to ask questions and took adequate time to answer them.

I conveyed a factually correct version of what was related to me.

I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

Signature of interpreter

Signature of witness

Addendum C: Discussion guide for key informant interviews

Perceptions about adolescents from the Sterkspruit area Eastern Cape Province, South Africa regarding the factors that impact on their right to adequate food

Introduction

1. Introduce principal investigator. Introduce translator and record keeper
2. Explain the purpose of the study and that the purpose of the voice recording is to enable the researchers to translate all discussions accurately into English (if applicable) and that the text will then be transcribed and analysed. Reassure them of the confidentiality and anonymity and that they can stop the interview at any stage without any obligations to continue. Explain that the reason for the interview is to explore the key informant's' perceptions regarding the research questions. There is no right or wrong answer.
3. Obtain informed consent (if not done yet).

Participant code _____		Date: _____	
Site: _____		Time start: _____	Time end: _____
_____ <input type="checkbox"/>	<input type="checkbox"/>		
Female	Male	Occupation: _____	

Name(s) of facilitator(s): _____			

1. Discussion Guide Content
 - 1.1. What do you regard as the main social problems experienced by adolescents in this community? *(To get the discussion started ask: Do you think adolescents in this community experience hunger? What are the reasons resulting adolescents experience hunger?)*
 - 1.2. What is your understanding of human rights? Do adolescents have human rights? Please tell me what 'the right to adequate food' means to you?
[Now read the definition of the right to food to the KI]

The right to adequate food is understood when every man, woman and child, alone or in community with others, has get hold of enough food so that you can be healthy, without having to travel too far and without paying expensive prices.

In your opinion, who has the right to food? Is it different for adolescents? Is it different for boys and girls in this community?

- 1.3. In your community, what can stand in the way that could prevent adolescents from realizing their right to food or prevent food insecurity? *(To get the discussion started ask: Does HIV and relevant health issues affect adolescents' right to food? What about teenage pregnancy? What is the situation regarding child headed households in your community?)*

- 1.4. Who do you think should be responsible to ensure that adolescents receive adequate food? [Read out a definition of adequate food]? (*To get the discussion started ask: Do you think that you have a responsibility to make sure that adolescents receive adequate food?*)
- 1.5. Regarding the role of the community, who is helping to promote adolescents' right to food in this community? And at school, are they doing anything to promote the right to food? (*To get the discussion started ask: Describe any programmes in schools aimed at reducing hunger.*)
- 1.6. How do you see the role of government to provide adolescents with adequate food? (*To get the discussion started ask: What do you think should government do to reduce food insecurity? What is the government doing to address the right to food for adolescents in your community? (To get the discussion started ask: Do all families receive Child Social Grant? How does Child Social Grants help adolescents? In your experience, what are these grants used for?*)
- 1.7. In what way can proper education promote adolescents right to food? What is the situation amongst adolescents in your community regarding school attendance?
- 1.8. Do you have any solutions how the government and/or community can address the issues around food insecurity of adolescents in your community? (*To get the discussion started ask: What about food gardens? And at schools, does the school have a food garden? Are adolescents interested in producing their own food? Are adolescents involved in any farming activities? Do you think this can serve as a way to help adolescents to either earn money and/or be used as food source? Are adolescents encouraged to part take in agrarian and any other small scale farming activities?*)
2. Closing off session
Summarizing of session with key informant.
3. Reflection and de-briefing discussion with fieldworker.
4. Discuss field notes made by researcher.

**Addendum D: Participant information leaflet and consent form for adolescents use
older than 12 years (English)**

TITLE OF THE RESEARCH PROJECT: Perceptions about adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the factors that impact on their right to adequate food

REFERENCE NUMBER: S13/10/209

PRINCIPAL INVESTIGATOR: Carla Yvonne Rousseau

ADDRESS: 24 De Schmidt Street, Barkly East, 9786

CONTACT NUMBER: 082 389 9414

You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you will be involved. Also, your participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do initially agree to take part.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

The study aims to gather information about adolescents' access to food and if they have enough food to be healthy and perform well at school. It is envisioned that this study can contribute to future provincial as well as national nutrition related policy and programme development. It is also anticipated that the adolescents will gain insight on their human right to food from the research.

Why have you been invited to participate?

You have been selected on the basis that you are living in the Sterkspruit area and therefore are able to attend one of the schools in the vicinity. Only adolescents between 10-19 years of age are included in the study. You will be one of about 60 adolescents participating in the study. The information will help the researcher and other health care workers to have a better understanding of some of the problems the adolescents from this community. This knowledge will be useful in our work to better serve the community.

What will your responsibilities be?

It will be required of you to answer questions about adolescents' experience of being hungry and to talk about reasons why they are sometimes as well as what they think can be done to make it better. This means that you will meet with the researcher, another research assistant and 5 to 9 other adolescents of the same gender, for about 2 hours, at a suitable venue where you will feel safe.

Will you benefit from taking part in this research?

You will not be receiving any money, but will receive snacks and drinks during the discussion. Adolescents will benefit indirectly. This research can be used to address food and human right to food related problems. This will hopefully be used in future policy development and programmes on food security initiatives in the future.

Are there any risks involved in you taking part in this research?

This study involves no risk for you. You can speak in your own language since there will be a translator. You and all information given, safety will be of priority at all times. All documentation with names on will be used only by authorized body of the Stellenbosch University Research Ethics Committee. All documentation will be destroyed 6 months after completion of research report.

If you do not agree to take part, what alternatives do you have?

You will not be forced to take part and you don't have to say yes. If you decide to not take part you don't need to give any explanation why.

Who will have access to your medical records?

No medical records will be used for this study.

What will happen in the unlikely event of you getting injured in any way, as a direct result of taking part in this research study?

There should be no injuries because you will answer questions only.

Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in the study. There will be no costs involved for you if you take part.

Is there anything else that you should know or do?

You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by the researcher.

You will receive a copy of this information and consent form for your own records.

Declaration by participant older than 12 years

By signing below, I (*name of participant*) agree to take part in a research study entitled *Perceptions about adolescents from the Sterkspruit area ,Eastern Cape Province, South Africa, regarding the factors that impact on their right to adequate food*

I declare that:

- I have read or had read to me this information and consent form and that it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurized to take part.
- I may choose to withdraw from the study at any time and will not be penalized or prejudiced in any way.
- I may be asked to leave the study before it has finished if the researcher feels it is in my best interests.

Signed at (*place*) on (*date*)

.....
Signature of participant

.....
Signature of witness

Informed consent for the voice recording of the interview

I understand that this interview will be voice recorded to enable the researcher to accurately transcribe the interview. It has been explained to me that the recordings and all electronic documents will be stored safely and destroyed six months of completion of the research. I was given the opportunity to ask questions and all queries were explained to my satisfaction. I have been given a copy of the consent form.

.....

Participant name (Printed)

Date of birth

.....

Signature of participant

Date

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understand all aspects of the research, as discussed above
- I did/did not use an interpreter (*if an interpreter is used, then the interpreter must sign the declaration below*).

Signed at (*place*) on (*date*) 2014

Signature of investigator

Declaration by interpreter (Only complete if applicable)

I (*name*) declare that:



- I assisted the investigator (*name*) to explain the information in this document to (*name of parent/legal guardian*) using the language medium of Sotho/IsiXhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the parent/legal guardian fully understands the content of this informed consent document and has had all his/her questions satisfactorily answered.

Signed at (*place*) on (*date*)

.....
Signature of interpreter

.....
Signature of witness

Addendum E: Assent forms by adolescents younger than 12years (English)

	STELLENBOSCH UNIVERSITY FACULTY OF HEALTH SCIENCES	
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PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM



TITLE OF THE RESEARCH PROJECT: Perceptions about adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the factors that impact on their right to adequate food

RESEARCHERS NAME(S): Carla Yvonne Rousseau

ADDRESS: 24 de Schmidt Street, Barkly East

CONTACT NUMBER: 082 389 9414

What is RESEARCH?

Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping, or treating children who are sick or hungry.

What is this research project all about?

The study goal is to get information about adolescents right to food and if they have enough food to be healthy and perform well at school. It is planned that this study can help to future provincial as well as national nutrition related rules and programme development. It is also hoped that the adolescents will gain insight on their human right to food from the research. You will talk to the other boys or girls about other children being hungry and who is responsible to make sure those children has food. It is not a test.

Why have I been invited to take part in this research project?

You have been invited to help me by answering some questions together with 5 to 9 other adolescents. You were chosen because you live in or around Sterkspruit and you can attend a school here. Even if you don't attend school, you can still participate because you live in this town.

Who is doing the research?

I am Carla Rousseau. I study at Stellenbosch University. I am a registered dietician and I want to learn more about what teenagers in Sterkspruit think about food.

What will happen to me in this study?

You will join the researcher and a person that can speak your language. You will be part of a group of 5 to 9 other boys or girls aged 10-14 years. The boys and girls will be in separate groups. We will meet at a venue close to your home where you will be safe. First you will write a few answers on a paper. Then we will just talk and when we are finished, you can go home.

Can anything bad happen to me?

No, you will only have to answer questions. There is no injections or anything that can hurt you.

Can anything good happen to me?

You will feel good because you helped us to have a better understanding of your community and what adolescents think about food security.

Will anyone know I am in the study?

The only people that will know you are in the study will be your parents/ legal guardian, the researchers and the other children with you in the group.

Will the voice recording of the discussion be used to identify me?

No, the person who speaks your home language will use the voice recording so that he/she can translate the discussion into English. The researcher will then be able to understand what all the children said. Then she will write a story to tell other people what the children in Sterkspruit think about food security. She will also teach other people that work in the clinics. Then they will also understand better.



Who can I talk to about the study?

Health Research Ethics Committee at 021-938 9207

What if I do not want to do this?

You are not forced to take part and don't have to say yes. If you decide to not take part you don't need to give any explanation why.

Do you understand this research study and are you willing to take part in it?

YES

NO

Has the researcher answered all your questions?

YES

NO

Do you understand that you can pull out of the study at any time?

YES

NO

Signature of Child

Date

Do you understand that the discussion will be voice recorded but that you will never be identified?

YES

NO

Signature of child

Date

Addendum F: Consent forms by legal guardians (English)

TITLE OF THE RESEARCH PROJECT: Perceptions about adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the factors that impact on their right to adequate food

REFERENCE NUMBER: S13/10/209

PRINCIPAL INVESTIGATOR: Carla Yvonne Rousseau

ADDRESS: 24 De Schmidt Street, Barkly East, 9786

CONTACT NUMBER: 082 389 9414

Your child is being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how your child could be involved. Also, your child's participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you or your child negatively in any way whatsoever. You are also free to withdraw him/her from the study at any point, even if you do initially agree to let him/her take part.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

The study aims to gather information about adolescents' access to food and if they have enough food to be healthy and perform well at school. It is envisioned that this study can contribute to future provincial as well as national nutrition related policy and programme development. It is also anticipated that the adolescents will gain insight on their human right to food from the research.

Why has your child been invited to participate?

Your child has been selected on the basis that he/she is living in the Sterkspruit area and therefore they are able to attend one of the schools in the vicinity. Only adolescents between 10-19 years of age are included in the study. He/she will be one of about 60 adolescents participating in the study. The information will help the researcher and other health care workers to have a better understanding of some of the problems the adolescents from this community. This knowledge will be useful in our work to better serve the community.

What will your responsibilities be?

It will be required of your child to answer questions about adolescents' experience of being hungry and to talk about reasons why they are sometimes as well as what they think can be done to make it better. This means that he/she meet with the researcher, another research assistant and 5 to 9 other adolescents of the same gender, for about 2 hours, at a suitable venue where they will feel safe.

Will your child benefit from taking part in this research?

Your child will not be receiving any money, but will receive snacks and drinks during the discussion. Adolescents will benefit indirectly. This research can be used to address food and human right to food related problems. This will hopefully be used in future policy development and programmes on food security initiatives in the future.

Are there any risks involved in your child taking part in this research?

This study involves no risk for your child. He can speak in his/her own language since there will be a translator. Your child and all information given, safety will be of priority at all times. All documentation with names on will be used only by authorized body of the Stellenbosch University Research Ethics Committee. All documentation will be destroyed 6 months after completion of research report.

If you do not agree to allow your child to take part, what alternatives does your child have?

Your child is not forced to take part and you don't have to say yes. If you decide to not take part you don't need to give any explanation why.

Who will have access to your child's medical records?

No medical records will be used for this study.

What will happen in the unlikely event of your child getting injured in any way, as a direct result of taking part in this research study?

There should be no injuries because your child will answer questions only.

Will you or your child be paid to take part in this study and are there any costs involved?

You or your child will not be paid to take part in the study. There will be no costs involved for you if your child does take part.

Is there anything else that you should know or do?

You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by the researcher.

You will receive a copy of this information and consent form for your own records.

Declaration by parent/legal guardian

By signing below, I (name of parent/legal guardian) agree to allow my child (name of child) who is years old, to take part in a research study entitled *Perceptions about adolescents from the Sterkspruit area, Eastern Cape Province, South Africa, regarding the factors that impact on their right to adequate food*

I declare that:

- I have read or had read to me this information and consent form and that it is written in a language with which I am fluent and comfortable.
- If my child is older than 7 years, he/she must agree to take part in the study and his/her ASSENT must be recorded on this form.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurized to let my child take part.
- I may choose to withdraw my child from the study at any time and my child will not be penalized or prejudiced in any way.
- My child may be asked to leave the study before it has finished if the researcher feels it is in my child's best interests.

Signed at (*place*) on (*date*)

.....
Signature of parent/legal guardian

Signature of witness

Informed consent for the voice recording of the interview

I understand that this interview will be voice recorded to enable the researcher to accurately transcribe the interview. It has been explained to me that the recordings and all electronic documents will be stored safely and destroyed six months of completion of the research. I was given the opportunity to ask questions and all queries were explained to my satisfaction. I have been given a copy of the consent form.

Participant name (Printed)

Date of birth

Signature of participant

Date _____

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understand all aspects of the research, as discussed above
- I did/did not use an interpreter (*if an interpreter is used, then the interpreter must sign the declaration below*).

Signed at (*place*) on (*date*) 2014

Signature of investigator

Declaration by interpreter (Only complete if applicable)

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of parent/legal guardian*) using the language medium of Sotho/IsiXhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the parent/legal guardian fully understands the content of this informed consent document and has had all his/her questions satisfactorily answered.

Signed at (*place*) on (*date*)

.....
Signature of interpreter

.....
Signature of witness

Addendum G: Self-administered questionnaire (English)
Perceptions about adolescents from the Sterkspruit area ,Eastern Cape Province, South
Africa, regarding the factors that impact on their right to adequate food
DEMOGRAPHIC QUESTIONNAIRE

1. Particulars of visit:

Date:...../...../ 2014 Place/Village:
.....

2. Particulars of participant,

Gender: Female ☐ or Male ☐ Date of Birth /...../.....

3. Social Setup (Mark the option that apply to you in the box ☐)

3.1 Who eat and sleep at the house where you live?

- ☐ Mother
- ☐ Father
- ☐ Aunt (is there more than 1? How many?)
- ☐ Uncle (is there more than 1? How many?)
- ☐ Brothers : how many?
- ☐ Sisters : How many?
- ☐ My children: How many?

3.2 Are your parents still alive?

- ☐ My mother AND my father is still alive
- ☐ My father died
- ☐ My mother died
- ☐ My mother and my father died
- ☐ I never knew my real mother and father

3.3 What is your highest grade that you completed

- ☐ I never went to school
- ☐ My last grade completed is: Grade.....
- ☐ Other courses:
.....

3.4 How healthy were you this last year?

- ☐ I was sick once but never went to hospital
- ☐ I was sick more than once and went to hospital once
- ☐ I was sick more than once and went to hospital more than once
- ☐ I am disabled (in a wheelchair, using crutches everyday, blind, deaf)

4. Food (Mark the option that apply to you in the box ☐)

4.1 What did you eat yesterday (only mark the ones you've eaten)

- ☐ Breakfast
- ☐ Break time at school
- ☐ Lunch
- ☐ Supper

4.2 Are there sometimes NO food at the house because there is no money? (only mark one)

- ☐ Yes
- ☐ No
- ☐ I don't know

4.3 Do you sometimes eat ONLY porridge or vegetables for a day?

- ☐ Yes
- ☐ No
- ☐ I don't know

4.4 Do you ever feel hungry after you've eaten but there's no more food to eat?

- ☐ Yes
- ☐ No
- ☐ I don't know

4.5 Do you get food from the school kitchen

- ☐ Yes, everyday
- ☐ Yes, but not everyday
- ☐ Yes, but some weeks we don't have
- ☐ No
- ☐ No, because I don't go to school
- ☐ I don't know

4. Food (Mark the option that apply to you in the box ☐)

4.6 Did you eat any of these yesterday? (mark all the items)

- ☐ Mealie Meal (porridge/stiff pap)
- ☐ Bread
- ☐ Rice
- ☐ Potatoes
- ☐ Pasta

4.7 Did you eat any of these yesterday? (mark all the items)

- ☐ Beef ☐ Chicken
- ☐ Afval (animal feet, intestines) ☐ Mutton
- ☐ Fresh Fish ☐ Tinned fish
- ☐ Tinned meatballs

4.8 Did you eat any of these yesterday? (mark all the items)

- ☐ Carrots ☐ Cabbage
- ☐ Cauliflower ☐ Beetroot
- ☐ Dark green leafy veg ☐ Mirogo
- ☐ Onions ☐ Peas
- ☐ Pumpkin ☐ Tomatoes

4.9 Did you eat any of these yesterday? (mark all the items)

- ☐ Oranges ☐ Peaches
- ☐ Apples ☐ Banana
- ☐ Pear ☐ Naartjies
- ☐ Grapes ☐ Berries

4.10 Did you eat any of these yesterday? (mark all the items)

- ☐ Dried Beans ☐ Peanuts
- ☐ Seeds, pumpkin, Sunflower ☐ Lentils
- ☐ Tinned beans ☐ Split peas

4.11 Did you eat any of these yesterday? (mark all the items)

- ☐ Milk ☐ Cheese
- ☐ Yogurt ☐ Amasi

5. Agriculture (Mark the option that apply to you in the box ☐)

5.1 Does anyone living with you have live animals that can be eaten: (e.g. A cow/sheep/pigs)

- ☐ Yes ☐ No ☐ Don't know

5.2 What animals do you have? (mark all the items)

- ☐ Cows ☐ Sheep
- ☐ Goats ☐ Horses
- ☐ Donkeys ☐ Pigs
- ☐ Chicken ☐ Pigs
- ☐ Geese/ ducks ☐ Turkey

5.3 Do you have trees closer than 10min walk, you use for...? (mark all the items)

- ☐ No trees close to home
- ☐ We eat fruit from the trees close to home
- ☐ The tree gives shade in our garden
- ☐ We use the trees for fire wood
- ☐ We make things from the wood (like baskets)
- ☐ I don't know

5.4 What do you have growing at your house? (mark all the items)

- ☐ Sorghum ☐ Vegetable garden
- ☐ Fruit trees ☐ Mealies
- ☐ Other
-
-

5.5 Do you have any of the following for planting or keeping live animals? (mark all the items)

- ☐ Tyres for food garden ☐ Garden
- ☐ Field for gardening ☐ Grazing land for animals
- ☐ Water for irrigation
- ☐ Market/shop to sell goods and buy food
- ☐ None of the above

Questions continue on the next page...

6. Household setup (Mark the option that apply to you in the

box ☐)

6.1 What type of house do you live in?

- ☐ Brick house on its own stand
- ☐ Traditional hut (made from clay)
- ☐ Flat in block of flats
- ☐ House/Flat/Room in someone's backyard
- ☐ Informal house / shack
- ☐ Other

6.2 Where do you get water from?

- ☐ A tap, shared between other houses (stand pipe)
- ☐ Outside tap, only for our house
- ☐ A tap inside the house
- ☐ No water close by. We fetch water from a river/stream/ dam
- ☐ Temporary service: tanks delivering water

6.3 Do you have electricity at home?

- ☐ Yes
- ☐ NO

6.4 What do you use electricity for?

- ☐ Cooking
- ☐ Heating water
- ☐ Heating the house
- ☐ Lighting
- ☐ Other

6.5 What type of toilet do you have at home?

- ☐ Flush toilet
- ☐ Long drop with a ventilation pipe
- ☐ Long drop WITHOUT a ventilation pipe
- ☐ Bucket toilet
- ☐ None



6.6 What is available in your house (mark ALL boxes which is

- ☐ Hot water in tap
- ☐ Fridge
- ☐ Freezer
- ☐ Microwave oven
- ☐ Flush toilet
- ☐ Domestic worker
- ☐ VCR
- ☐ Cellphone
- ☐ Traditional hut
- ☐ Washing machine
- ☐ Computer
- ☐ Electric stove
- ☐ Gas stove
- ☐ TV set
- ☐ Tumble dryer
- ☐ HI FI music stereo
- ☐ Radio
- ☐ Built in kitchen sink
- ☐ Alarm
- ☐ Water in home
- ☐ DSTV or Mnet
- ☐ Electricity
- ☐ Sewing machine
- ☐ One or more motor vehicles
- ☐ Telkom home telephone

☐ Other.....
.....
.....
.....

6.7 What is available in your village (mark ALL boxes which is correct)

- ☐ Primary/Secondary schools
- ☐ Traditional healer
- ☐ Clinic
- ☐ Hospital
- ☐ Shop to buy basic goods
- ☐ Police station
- ☐ Post office
- ☐ Home affairs office
- ☐ State grant collection point
- ☐ Train
- ☐ Bus
- ☐ Minibus taxi
- ☐ street market selling food
- ☐ Market to SELL food
- ☐ Faith based organization (church)

THE END

Thank you for participating in this research. I really appreciate your time and effort

Addendum H: A discussion guide for focus group discussions with adolescents

Perceptions about adolescents from the Sterkspruit area (Eastern Cape) regarding the factors that impact on their right to adequate food

During arrival, each participant gets a name tag, indicating the name they prefer to use during the session.

Welcome everybody. Participants to take a seat.

Name of group interviewed: _____ Date: _____ _____
Site: _____ Time start: _____ Time end: _____ _____
Participant summary: No of Girls: ____ No of Boys: ____ Total no of adolescents: _____ _____
Name(s) of facilitator(s): _____ _____

1 Introduction

1.1 Introduce one self. Explain the purpose of the study and explain that it will be recorded for later analysis. Also assure confidentiality and anonymity. Explain that the reason for the interview is to explore the groups' views, opinions and perceptions regarding the research question.

1.2 Introduce translator and record keeper

1.3 Agree on group norms and confidentiality

1.4 Individual introduction and Icebreaker.

1.4.1 Icebreaker: 'Find a partner'

This activity is good to get to know your group and ensure to feel more at ease during focus group session. Everyone must put one of their shoes in the middle of a circle. Then when everyone is ready, each one has 2 seconds to grab someone else's shoe. They must then find the owner of the shoe. Each individual is then responsible for finding out something about their 'partner'. After 5 minutes they will be asked to reflect on what they got to know about the other person.

Group session

Please answer all questions in an open honest way. There is no right or wrong answers, this is about your experiences and your perceptions i.e. what YOU do and what YOU think.

I would like you to think back at the past year. Give some thought to times when you either didn't have enough food for yourself or anyone in the family or times you felt worried about whether there will be food for you to eat.

1 Content

2 Discussion guide Content

2.1 How will you describe does it feel to be hungry? Do you think there are a lot of children your age that goes to school or bed hungry? What are the reasons they are hungry? ***(To get the discussion started, you can ask 'do you or your friends ever go through a day feeling hungry and have no food to eat? Does this happen often? How often?')***

2.2 Do you think feeling hungry is a big problem in this area? Do you think there are other problems you and your friends or family struggle with? (Prompting words: what about poverty? Money? Housing?)

2.3 What is your understanding of human rights? Do adolescents/children have human rights? Please tell me what 'the right to adequate food' means to you?

[Now read the definition of the right to food to the group.]

The right to food is fully understood when you and all your friends and family can get hold of enough food so that you can be healthy, without having to travel too far and without paying expensive prices

2.4 Who do you think has the right to food? Is it different for adolescents? Is it different for boys and girls in this community?

2.5 In your community, what can prevent or stop adolescents from understanding their right to food or prevent food insecurity? *(To get the discussion started ask: Does HIV and relevant health issues affect adolescents' right to food? What about teenage pregnancy? What is the situation regarding child headed households in your community?)*

Who do you think should be responsible to make sure adolescents get enough of the right food? [Read out a definition of adequate food]

Adequate food: there is enough food for everyone, for you and your family, and all neighbours and friends. It helps you grow and it tastes and look good (not old food), it won't make you sick (so it's fresh).

3.6 Regarding the role of the community, who is helping to promote adolescents' right to food in this community? And at school, are they doing anything to promote the right to food? *(To get the discussion started ask: Describe any programmes in schools aimed at reducing hunger.*

2.6 How do you see the role of government to provide adolescents with adequate food? *(To get the discussion started ask: What do you think should government do to reduce food insecurity? What is the government doing to address the right to food for adolescents in your community? (To get the discussion started ask: Do all families receive Child Social Grant? How does Child Social Grants help adolescents? To your knowledge, what are these grants used for?)*

2.7 In what way can proper education promote adolescents right to food? What is the situation amongst adolescents in your community regarding school attendance?

2.8 Do you have any solutions how the government and/or community can address the issues around food insecurity of adolescents in your community? *(To get the discussion started ask: What about food gardens? And at schools, does the school have a food garden? Are adolescents interested in producing (planting) their own food? Are adolescents involved in any farming activities? Do you think this can serve as a way to help adolescents to either earn money and/or be used as food source? Are adolescents encouraged to part take in farming and any other small scale farming activities?)*

3 Closing off session

Summarizing of session with key informant.

4 Reflection and de-briefing discussion with fieldworker

Discuss field notes made by researcher

Addendum I: Ethics approval



UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvenoot • your knowledge partner

Approval Notice New Application

14-Feb-2014
ROUSSEAU, Carla Yvonne

Ethics Reference #: S13/10/209

Title: Perceptions of adolescents from Sterkpruit area (Eastern Cape) regarding the underlying factors that have an impact on their right to adequate food

Dear Miss Carla ROUSSEAU,

The New Application received on 30-Oct-2013, was reviewed by members of Health Research Ethics Committee 1 via Minimal Risk Review procedures on 14-Feb-2014 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Period: 14-Feb-2014 -14-Feb-2015

Please remember to use your protocol number (S13/10/209) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372

Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219389156.

Included Documents:

Supervisor decl

Application form

Protocol Synopsis

CV Rousseau
Cover letter
CV Rousseau
Checklist
CV Scott
Supervisor Decl
Declaration
Cv Marais
Protocol

Sincerely,



Franklin Weber
HREC Coordinator
Health Research Ethics Committee 1